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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Autr		Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FED	DERAL PAC		
<u> </u>			
ADDRESS (number and street)	612 W. Nolana Suite 340		
Check if different			
than previously reported. (ACC)	McAllen		TX 78504 -
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00415752	3. IS	THIS NEW (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31	Flackion	M M / D D	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Nep election	(d) 30-Day	1 011	State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 01	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	M / D D / Y Y Y Y Y Y 30 2017
I certify that I have examined this	Report and to the best of Perez, Ernie, , ,	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer	. 5.52, E11110, , ,		
Signature of Treasurer	Ernie, , ,	[Electronically Filed]	Date 07 31 / 2017
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the person signif	ng this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

OF FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 01	01 2017 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		319213.78
(b) Cash on Hand at Beginning of Reporting Period	319213.78	
(c) Total Receipts (from Line 19)	265894.20	265894.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	585107.98	585107.98
7. Total Disbursements (from Line 31)	108974.77	108974.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	476133.21	476133.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ntributions (other than loans) From:	Total Tills I criod	Odicinali Teal to Bate
. (a)			
(/	Than Political Committees		
	(i) Itemized (use Schedule A)	228382.50	228382.50
		07544.70	07544.70
	(ii) Unitemized	37511.70	37511.70
	Lines 11(a)(i) and (ii)	265894.20	265894.20
(b)		0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d)	(such as PACs) Total Contributions (add Lines		4
(u)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	265894.20	265894.20
Tra	Insfers From Affiliated/Other	45 45 45	45
	rty Committees	0.00	0.00
. All	Loans Received	0.00	0.00
. Lo	an Repayments Received	0.00	0.00
	sets To Operating Expenditures		,
	efunds, Rebates, etc.)		
	arry Totals to Line 37, page 5)	0.00	0.00
	funds of Contributions Made		
	Federal Candidates and Other	0.00	0.00
	litical Committees	0.00	0.00
	ner Federal Receipts	0.00	0.00
	vidends, Interest, etc.)	0.00	0.00
	Non-Federal Account		
(α)	(from Schedule H3)	0.00	0.00
	(4 4	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(0)		4 4	
	Total Transfers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	48974.77	48974.77
(add 21(a)(i), (a)(ii), and (b))▶	48974.77	48974.77
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	60000.00	60000.00
Independent Expenditures	00000.00	4 4
(use Schedule E)	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		0.00
··	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	108974.77	108974.77
Total Federal Disbursements	4 4	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	108974.77	108974.77
· L	7 7 7	100974.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	265894.20	265894.20
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	265894.20	265894.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	48974.77	48974.77
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	48974.77	48974.77

FOR LINE NUMBER:						PAGE	6	OF	;	358
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	d Statements may not be sold or used by any pe the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abreu, Charity, , ,							
Mailing Address 1619 hertiage lane		01 03 2017						
City	State Zip Code	Transaction ID : SA11AI.37538						
mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
self-employee	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify) ▼	250.00							
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1619 hertiage lane		02 21 2017						
City	State Zip Code	Transaction ID : SA11AI.37879						
mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00							
Full Name of Individual (Last, First, Middle C. Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1619 hertiage lane		03 13 2017						
City	State Zip Code	Transaction ID : SA11AI.38217						
mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	250.00						
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	Aggregate real-to-Date v							
Other (specify)	750.00							
SUBTOTAL of Receipts This Page (optional)		750.00						
TOTAL This Period (last page this line numb	per only)							

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Abreu, Charity, , , Mailing Address 1619 hertiage lane	itial) or Full Organization Name	Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.38218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1000.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Abreu, Charity, , , Mailing Address 1619 hertiage lane	itial) or Full Organization Name	Date of Receipt 05 15 2017
City mission FEC ID number of contributing federal political committee.	State Zip Code 78572	Transaction ID : SA11AI.38881 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution
Primary General Other (specify) ▼	1250.00	
Full Name of Individual (Last, First, Middle In Abreu, Charity, , , Mailing Address 1619 hertiage lane City	itial) or Full Organization Name State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1500.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	8	OF	3	358
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200 E. Xenops		02 21 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.37880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , , Mailing Address 200 E. Xenops		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation (for Individual)	150.00 Memo Item
Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 200 E. Xenops		04 14 2017
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.38220 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional).		450.00
TOTAL This Period (last page this line number	er only)	

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	for commercial purposes, other than using the r								
/	NAME OF COMMITTEE (In Full)	^							
	BORDER HEALTH FEDERAL PA	40							
Α.	Full Name of Individual (Last, First, Middle Initia Abreu, Ricardo, , ,	l) or Full	Organ	ization Name	Date of Receipt				
	Mailing Address 200				05 15 2017				
	E. Xenops	State		Zip Code	Transaction ID : SA11AI.38883				
	McAllen	TX	·		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			150.00				
Name of Employer (for Individual)			cupati	on (for Individual)	Memo Item				
	Self employed	ph	nysiciar	n	contribution				
	Receipt For:	Aggregat	e Year	r-to-Date ▼					
	Primary General Other (specify) ▼		-	750.00					
	Full Name of Individual (Last, First, Middle Initia Abreu, Ricardo, , ,	l) or Full	Organ	ization Name	Date of Receipt				
υ.	Mailing Address 200				<u> </u>				
	E. Xenops	Date of Receipt M							
	City	State		Zip Code	Transaction ID : SA11AI.38884				
	McAllen	TX		78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			150.00				
	Name of Employer (for Individual) Self employed		ccupati nysicia	ion (for Individual) n	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregat	te Year	r-to-Date ▼ 900.00					
— С	Full Name of Individual (Last, First, Middle Initia Abreu, Ruben, , ,	l) or Full	Organ	ization Name	Date of Receipt				
•	Mailing Address 104 augusta square				01 03 2017				
	City	State		Zip Code	Transaction ID : SA11AI.37541				
	mcallen	TX		78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			250.00				
	Name of Employer (for Individual)	Oc	cupati	on (for Individual)	Memo Item				
	self-employee	ph	ysiciar	1	contribution				
	Receipt For:	Aggregat	e Year	r-to-Date ▼					
	Primary General Other (specify)		7	250.00					
s	UBTOTAL of Receipts This Page (optional)			>	550.00				
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	Statements may not be sold or used by any per he name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name of Individual (Last, First, Middle I Abreu, Ruben, , , Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Date of Receipt M			
Full Name of Individual (Last, First, Middle I Abreu, Ruben, , , Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Date of Receipt 03			
City Mailing Address 104 augusta square City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) General	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt M 04		
SUBTOTAL of Receipts This Page (optional)	>	750.00		
TOTAL This Period (last page this line number	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abreu, Ruben, , , Date of Receipt Mailing Address 104 augusta square 2017 15 City State Zip Code Transaction ID: SA11AI.38885 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Abreu, Ruben, , , Date of Receipt Mailing Address 104 augusta square 06 2017 City State Zip Code Transaction ID: SA11AI.38886 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Aguilera, Juan, , , Date of Receipt Mailing Address 807 North Cage 03 2017 City State Zip Code Transaction ID: SA11AI.37542 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 900.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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or for commercial	purposes, other than using the r			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	MMITTEE (In Full) HEALTH FEDERAL PA	4C		
Aguilera, Jua Mailing Address	ndividual (Last, First, Middle Initia an, , , s 807 North Cage			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pharr FEC ID number federal political	<u> </u>	State TX	Zip Code 78577	Amount of Each Receipt this Period 400.00
	oyer (for Individual) General	Memo Item contribution		
Aguilera, Ju Mailing Address	ndividual (Last, First, Middle Initia Jan, , , 8 807 North Cage	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Pharr FEC ID number federal political	<u> </u>	State TX	Zip Code 78577	Amount of Each Receipt this Period 400.00
Name of Emploselfemployed Receipt For: Primary Other (sp	oyer (for Individual) ☐ General ecify) ▼	tion (for Individual) an ar-to-Date ▼ 1200.00	Memo Item contribution	
C. Aguilera, J	ndividual (Last, First, Middle Initia uan, , , 8 807 North Cage	l) or Full Orga	nization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emplo selfemployed Receipt For:	Pharr TX 78 EC ID number of contributing ederal political committee. C Jame of Employer (for Individual) Occupation elefemployed physician			Transaction ID : SA11AI.38224 Amount of Each Receipt this Period 400.00 Memo Item contribution
Other (sp	ecify)		1600.00	1200.00
	eceipts This Page (optional)			1200.00
IUTAL This Perio	od (last page this line number or	ny)		

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		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Aguilera, Juan, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 807 North Cage		05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78577	Transaction ID: SA11AI.38887
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Aguilera, Juan, , , Mailing Address 807 North Cage	Initial) or Full Organization Name	Date of Receipt
	06 30 2017	
City Pharr	State Zip Code 78577	Transaction ID : SA11AI.38888
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Alleyn, Michael, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5505 N. 4th		01 03 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.37545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: (check only one)				:	PAGE	•	14	OF	•	358	
(0	(check only one)										
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	the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Alleyn, Michael, , ,	•							
Mailing Address 5505 N. 4th		02 21 2017						
City	State Zip Code	Transaction ID : SA11AI.37885						
mcallen	TX 78501	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
self-employed	private investor	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify) ▼	500.00							
Full Name of Individual (Last, First, Middle Alleyn, Michael, , ,	Date of Receipt							
Mailing Address 5505 N. 4th		03 13 2017						
City	State Zip Code	Transaction ID : SA11AI.38229						
mcallen	TX 78501	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	y III							
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00							
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 5505 N. 4th		04 14 2017						
City	State Zip Code	Transaction ID : SA11AI.38230						
mcallen	TX 78501	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution						
Receipt For:		-						
Primary General	Aggregate Year-to-Date ▼							
Other (specify)	1000.00							
SUBTOTAL of Receipts This Page (optional))	750.00						
TOTAL This Period (last page this line numb	per only)							

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may no the name and addre	ot be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Alleyn, Michael, , , Mailing Address 5505 N. 4th	Initial) or Full Organ	nization Name	Date of Receipt
City	State	Zip Code	05 15 2017
mcallen	TX	78501	Transaction ID : SA11AI.38893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed	Occupati private ii	ion (for Individual) nvestor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle Alleyn, Michael, , , Mailing Address 5505 N. 4th	Date of Receipt		
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.38894 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) self-employed	Occupat private i	ion (for Individual) nvestor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1500.00	
Full Name of Individual (Last, First, Middle Alleyn, Robert, , Dr.,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 8330 North Shary Road	Charles	7in Code	01 03 2017
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.37546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) self-employee	Occupati physiciar	ion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line numb	er only)		

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	and Statements may not be sold or used by any peg the name and address of any political committee								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC								
Full Name of Individual (Last, First, Middl Alleyn, Robert, , Dr.,	le Initial) or Full Organization Name	Date of Receipt							
Mailing Address 8330 North Shary Road	Mailing Address 8330 North Shary Road								
City	State Zip Code	Transaction ID : SA11AI.37886							
mission	TX 78572	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	400.00								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item							
self-employee	physician	contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	800.00								
Full Name of Individual (Last, First, Middl Alleyn, Robert, , Dr.,	le Initial) or Full Organization Name	Date of Receipt							
Mailing Address 8330 North Shary Road		03 13 2017							
City	State Zip Code	Transaction ID : SA11AI.38231							
mission	TX 78572	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	400.00							
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	1200.00								
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt							
Mailing Address 8330 North Shary Road		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State Zip Code TX 78572	Transaction ID : SA11AI.38232							
mission	TX 78572	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	400.00							
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution							
Receipt For:	Aggregate Year-to-Date ▼	\dashv							
Primary General Other (specify)	1600.00								
SUBTOTAL of Receipts This Page (optional	al)	1200.00							
TOTAL This Period (last page this line num	nber only)								

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	Statements may not be sold or used by any pe le name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road City mission	State Zip Code TX 78572	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2000.00	400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Alleyn, Robert, , Dr., Mailing Address 8330 North Shary Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date \(\neq \)	Date of Receipt M M J J J J J J J J J J J J J J J J J
Full Name of Individual (Last, First, Middle In Almedia, Hillary, , Dr., Mailing Address 900 E. Vermont City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	875.00
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or for commercial purposes, other than usin	and Statements may n g the name and addre	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name of Individual (Last, First, Midd Almedia, Hillary, , Dr.,	le Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 900 E. Vermont			04 14 2017
City	State	Zip Code	Transaction ID : SA11AI.38234
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Self employed	physicia		contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Midd B. Almedia, Hillary, , Dr.,	le Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 900 E. Vermont			05 15 2017
City	State	Zip Code	Transaction ID : SA11AI.38897
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Self employed	Occupati physicia	tion (for Individual) an	Memo Item contribution
Receipt For:	Aggregate Yea	r-to-Date ▼	
Primary General Other (specify) ▼	4	375.00	
Full Name of Individual (Last, First, Midd C. Almedia, Hillary, , Dr.,	le Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 900 E. Vermont			06 30 2017
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.38898 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Self employed	physicia	n	contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (options TOTAL This Period (last page this line pur		· • • • • • • • • • • • • • • • • • • •	225.00

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 03 2017 City Zip Code State Transaction ID: SA11AI.37548 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 2017 City State Zip Code Transaction ID: SA11AI.37888 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 13 2017 City State Zip Code Transaction ID: SA11AI.38235 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Amyx, Michael, , , , Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt 04
Full Name of Individual (Last, First, Middle Amyx, Michael, , , Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 1250.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Amyx, Michael, , , Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M M / 30 2017 Transaction ID : SA11AI.38900 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initial Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica	al) or Full Orga	anization Name	Date of Receipt								
	City	State	Zip Code	03 13 2017								
	Mission	TX	78572	Transaction ID : SA11AI.38237 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	100.00										
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ain	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00									
В.	Full Name of Individual (Last, First, Middle Initial Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica	al) or Full Orga	anization Name	Date of Receipt								
	Cit.	Otata	7:n Code	04 14 2017								
	City Mission	State	Zip Code 78572	Transaction ID : SA11AI.38238								
	FEC ID number of contributing federal political committee.	C	10012	Amount of Each Receipt this Period 100.00								
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00									
С .	Full Name of Individual (Last, First, Middle Initial Apolinario, Jumar, B., Dr.,	Date of Receipt										
	Mailing Address 2805 Santa Erica			05 15 2017								
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.38901 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer (for Individual) selfemployed	Occupa physica	ation (for Individual) ain	Memo Item contribution								
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00									
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC						
Α.	Full Name of Individual (Last, First, Middle InitiArce, Daisy, , ,	ial) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 129 Bluebird			05 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38905				
	Mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	50.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	physic	cian	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 250.00					
— В.	Full Name of Individual (Last, First, Middle InitiArce, Daisy, , ,	ial) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 129 Bluebird			06 30 2017				
	City	Transaction ID : SA11AI.38906						
	Mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	, and the second						
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution				
	Receipt For:	Aggregate Y	′ear-to-Date ▼					
	Primary General Other (specify) ▼							
	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	ganization Name	Date of Receipt				
•	Mailing Address 2600 Santa Paula			03 13 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38245				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	private	e investor	contribution				
	Receipt For:	Aggregate Y	'ear-to-Date ▼					
	Primary General Other (specify)		300.00					
s	SUBTOTAL of Receipts This Page (optional)			200.00				
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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 2600 Santa Paula			04 14 2017
	City	State	Zip Code	Transaction ID : SA11AI.38246
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	privat	e investor	contribution
	Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 400.00	
В.	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 2600 Santa Paula			05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.38909
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed	l .	oation (for Individual) te investor	Memo Item contribution
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
C.	Full Name of Individual (Last, First, Middle Initial Arias-Viaud, Julio, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 2600 Santa Paula			06 30 Y 2017
	City	State	Zip Code	Transaction ID : SA11AI.38910
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed		e investor	contribution
	Receipt For:	1.	ear-to-Date ▼	1
	Primary General	Aggregate	ear-to-date +	
	Other (specify)		600.00	
s	SUBTOTAL of Receipts This Page (optional)		····	300.00
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Arrazola, Pedro, , Dr., Date of Receipt Mailing Address 5114 N. 10th Street 13 2017 City Zip Code State Transaction ID: SA11AI.38247 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Arrazola, Pedro, , Dr., Date of Receipt Mailing Address 5114 N. 10th Street 04 14 2017 City State Zip Code Transaction ID: SA11AI.38248 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Arrazola, Pedro, , Dr., Date of Receipt Mailing Address 5114 N. 10th Street 15 2017 City State Zip Code Transaction ID: SA11AI.38911 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Arrazola, Pedro, , Dr., Mailing Address 5114 N. 10th Street City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / B D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle In Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane City Brownsville FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78526 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 13 2017 Transaction ID: SA11Al.38249 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane City Brownsville FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78526 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M / 14 2017 Transaction ID: SA11AI.38250 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane	al) or Full Orga	anization Name	Date of Receipt
	O'th.	01-1-	7'- O- I-	05 15 2017
	City Brownsville	State	Zip Code 78526	Transaction ID : SA11AI.38913
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual)		ation (for Individual)	Memo Item
	selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution
В.	Full Name of Individual (Last, First, Middle Initial Asase, Danilo, , Dr., Mailing Address 5216 Kensington Lane	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	06 30 2017
	Brownsville	TX	78526	Transaction ID : SA11AI.38914 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
С .	Full Name of Individual (Last, First, Middle Initial Assistores, Marilyn, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2222 La Condesa Drive		I and a second	03 13 2017
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.38251 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer (for Individual) selfemployed	1 '	ation (for Individual) investor	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00	
H	SUBTOTAL of Receipts This Page (optional)		<u>^</u>	275.00

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or for commercial purposes, other than using	the name and add	ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle Assistores, Marilyn, , Dr.,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2222 La Condesa Drive			04 14 2017
City	State	Zip Code	Transaction ID : SA11AI.38252
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	private	investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Assistores, Marilyn, , Dr.,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2222 La Condesa Drive			05 15 2017
City	State	Zip Code	Transaction ID : SA11AI.38915
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) selfemployed	'	ation (for Individual) e investor	Memo Item contribution
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼	4	375.00	
Full Name of Individual (Last, First, Middle C. Assistores, Marilyn, , Dr.,	e Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2222 La Condesa Drive			06 30 2017
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.38916 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	private	investor	contribution
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify)		450.00	
SUBTOTAL of Receipts This Page (optional		•	225.00

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Any information copied from such Reports and or for commercial purposes, other than using to			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC									
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street	Initial) or Full Organ	nization Name	Date of Receipt							
City	State	Zip Code	Transaction ID : SA11AI.37557							
Weslaco	TX	78596	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		400.00								
Name of Employer (for Individual) self-employed	Occupation doctor	tion (for Individual)	Memo Item contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00								
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street	Initial) or Full Organ	nization Name	Date of Receipt							
			02 21 2017							
City	State	Zip Code	Transaction ID : SA11AI.37898							
Weslaco	TX	78596	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		400.00							
Name of Employer (for Individual) self-employed	Occupa doctor	tion (for Individual)	Memo Item contribution							
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 800.00								
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr.,	Initial) or Full Organ	nization Name	Date of Receipt							
Mailing Address 104 W. 20th Street			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.38255							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00							
Name of Employer (for Individual) self-employed	Occupat doctor	tion (for Individual)	Memo Item contribution							
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1200.00								
SUBTOTAL of Receipts This Page (optional).		·····	1200.00							
TOTAL This Period (last page this line number	er only)									

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addi	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street	nitial) or Full Orga	anization Name	Date of Receipt 04 14 2017				
City	State	Zip Code	04 14 2017 Transaction ID : SA11AI.38256				
Weslaco	TX	78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		400.00				
Name of Employer (for Individual) self-employed	ation (for Individual)	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1600.00					
Full Name of Individual (Last, First, Middle II Avila, Felipe, , Dr., Mailing Address 104 W. 20th Street	nitial) or Full Orga	anization Name	Date of Receipt				
City Weslaco	State TX	Zip Code 78596	05 15 2017 Transaction ID : SA11AI.38919 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	400.00						
Name of Employer (for Individual) self-employed	Occupa doctor	ation (for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2000.00					
Full Name of Individual (Last, First, Middle I. Avila, Felipe, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 104 W. 20th Street			06 30 / 2017				
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.38920				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed	Occupa doctor	ation (for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2400.00					
SUBTOTAL of Receipts This Page (optional)			1200.00				
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aviles, Wilfredo, , Dr., Date of Receipt Mailing Address 2600 Wildwood 15 2017 City Zip Code State Transaction ID: SA11AI.38921 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aviles, Wilfredo, , Dr., Date of Receipt Mailing Address 2600 Wildwood 06 2017 City State Zip Code Transaction ID: SA11AI.38922 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ayers, Roberto, A., Dr., Date of Receipt Mailing Address 1900 S. Jackson #7 13 2017 City State Zip Code Transaction ID: SA11AI.38259 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Ayers, Roberto, A,, Dr.,	Date of Receipt							
	Mailing Address 1900 S. Jackson #7	04 14 2017							
	City	Transaction ID : SA11AI.38260							
	McAllen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item					
	selfemployed	physi	cian	contribution					
	Receipt For:								
	Primary General	Aggregate Y	'ear-to-Date ▼						
	Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Ayers, Roberto, A,, Dr.,	Date of Receipt							
	Mailing Address 1900 S. Jackson #7	05 15 2017							
	City	Transaction ID : SA11AI.38923							
	McAllen	TX	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	100.00							
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	∕ear-to-Date ▼						
	Primary General Other (specify) ▼	Primary General							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Ayers, Roberto, A,, Dr.,	al) or Full Orç	ganization Name	Date of Receipt					
	Mailing Address 1900 S. Jackson #7			06 30 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38924					
	McAllen	TX	78501	Amount of Each Receipt this Period					
	EEO ID words on of sout " "			, and an each recorpt this remod					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item					
	selfemployed	physic	cian	contribution					
	Receipt For:	1	/ear-to-Date ▼	1					
	Primary General								
	Other (specify)		600.00						
s	SUBTOTAL of Receipts This Page (optional)			300.00					
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Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any pathe name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Badiga, Murphy, , , Mailing Address 1503 S. Airport	Date of Receipt					
suite 6	Te.	01 03 2017				
City	State Zip Code	Transaction ID : SA11AI.37561				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	400.00					
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1503 S. Airport		02 21 2017				
suite 6 City	State Zip Code					
weslaco	TX 78596	Transaction ID : SA11AI.37901 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1503 S. Airport suite 6 City	State Zip Code	03 13 2017				
weslaco	TX	Transaction ID : SA11AI.38261				
FEC ID number of contributing federal political committee.	C 78390	Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	contribution				
SUBTOTAL of Receipts This Page (optional).		1200.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle Ir Badiga, Murphy, , , Mailing Address 1503 S. Airport	Date of Receipt						
suite 6	04 14 2017						
City	State Zip Code TX 78596	Transaction ID : SA11AI.38262					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1600.00						
Full Name of Individual (Last, First, Middle Ir Badiga, Murphy, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1503 S. Airport suite 6		05 15 2017					
City	State Zip Code	Transaction ID : SA11AI.38925					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
Full Name of Individual (Last, First, Middle Ir Badiga, Murphy, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1503 S. Airport suite 6		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.38926					
weslaco	TX 78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ŭ la						
Name of Employer (for Individual)	Occupation (for Individual) physician	Memo Item					
self-employed	contribution						
Receipt For:							
Primary General Other (specify)	2400.00						
SUBTOTAL of Receipts This Page (optional)		1200.00					
TOTAL This Period (last page this line number	r only)						

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\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC							
Α.	Full Name of Individual (Last, First, Middle Initi Barrera, Marcos, , Mr.,	me of Individual (Last, First, Middle Initial) or Full Organization Name ra, Marcos, , Mr.,							
	Mailing Address 3000 Yellowhammer	02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	Transaction ID : SA11AI.37902							
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
	self-employed	private	investor	contribution					
	Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 250.00							
В.	Full Name of Individual (Last, First, Middle Initi Barrera, Marcos, , Mr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 3000 Yellowhammer			03 13 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38263					
	mcallen	TX 78504		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	125.00							
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify) ▼	4	375.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Barrera, Marcos, , Mr.,	al) or Full Orga	anization Name	Date of Receipt					
٠.	Mailing Address 3000 Yellowhammer			04 14 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38264					
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual)	ation (for Individual)	Memo Item						
	self-employed	private	investor	contribution					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify)	· · · ·	500.00						
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	375.00					

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barrera, Marcos, , Mr., Date of Receipt Mailing Address 3000 Yellowhammer 15 2017 City Zip Code State Transaction ID: SA11AI.38927 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrera, Marcos, , Mr., Date of Receipt Mailing Address 3000 Yellowhammer 06 2017 City State Zip Code Transaction ID: SA11AI.38928 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Barrera, Ricardo, , , Date of Receipt Mailing Address 420 Frio 03 2017 City Zip Code State Transaction ID: SA11AI.37563 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Barrera, Ricardo, , , Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Date of Receipt 02	
Full Name of Individual (Last, First, Middle I Barrera, Ricardo, , , Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) The second seco	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38265 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Barrera, Ricardo, , , Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt 04
SUBTOTAL of Receipts This Page (optional)	>	1200.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Barrera, Ricardo, , , Mailing Address 420 Frio	al) or Full Orga	anization Name	Date of Receipt 05 15 2017
	City mission	State	Zip Code 78572	Transaction ID : SA11AI.38929
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00		
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Occupa physic Aggregate Ye		Memo Item contribution
	Other (specify) ▼		2000.00	
В.	Full Name of Individual (Last, First, Middle Initial Barrera, Ricardo, , , Mailing Address 420 Frio	al) or Full Orga	anization Name	Date of Receipt 06 30 2017
	City	State	Zip Code	Transaction ID : SA11AI.38930
	mission FEC ID number of contributing federal political committee.	С	78572	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00	
	Full Name of Individual (Last, First, Middle Initia Behara, Sebrahmanyan, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 121 Cardinal			01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.37565 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi-Behara, Sebrahmanyan, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 121 Cardinal			02 21 2017
	City	State	Zip Code	Transaction ID : SA11AI.37905
	mcallen	TX	78504	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	self-employed	physi	,	contribution
	Receipt For:			
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify) ▼		800.00	
В.	Full Name of Individual (Last, First, Middle Initi-Behara, Sebrahmanyan, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 121 Cardinal			03 13 2017
	City	State	Zip Code	Transaction ID : SA11AI.38269
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initi Behara, Sebrahmanyan, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 121 Cardinal			04 / 14 2017
	City	State	Zip Code	Transaction ID : SA11AI.38270
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	self-employed	physic	cian	contribution
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General	133.134.1		
	Other (specify)		1600.00	
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Any information copied from such Reports	and Statements may not be sold or used by any pers	son for the purpose of soliciting contributions					
or for commercial purposes, other than usi	ing the name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC						
Full Name of Individual (Last, First, Mid Behara, Sebrahmanyan, , Dr., Mailing Address 121 Cardinal	ddle Initial) or Full Organization Name	Date of Receipt					
		05 15 2017					
City	State Zip Code	Transaction ID : SA11AI.38933					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
Full Name of Individual (Last, First, Mid B. Behara, Sebrahmanyan, , Dr.,	ddle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 121 Cardinal		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code TX 78504	Transaction ID : SA11AI.38934					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00						
Full Name of Individual (Last, First, Mid	idle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2804 Santa Ana		01 03 2017					
City	State Zip Code	Transaction ID : SA11AI.37566					
mission	TX 78574	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼]					
Primary General Other (specify)	250.00						
SUBTOTAL of Receipts This Page (option	nal)	1050.00					
TOTAL This Period (last page this line nu	umber only)						

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by the name and address of any political com	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.				
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	L PAC					
Full Name of Individual (Last, First, Middle Bernini, Juan, , , Mailing Address 2804 Santa Ana	Initial) or Full Organization Name	Date of Receipt				
City	02 21 2017					
mission	State Zip Code 78574	Transaction ID : SA11AI.37906 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle Bernini, Juan, , , Mailing Address 2804 Santa Ana	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	03 13 2017 Transaction ID : SA11AI.38271 Amount of Each Receipt this Period				
mission FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.0	00				
Full Name of Individual (Last, First, Middle Bernini, Juan, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2804 Santa Ana		04 / 14 / 2017				
City mission	State Zip Code 78574	Transaction ID : SA11AI.38272				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.0	00				
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line numb	er only)					

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 15 2017 City Zip Code State Transaction ID: SA11AI.38935 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 2017 City State Zip Code Transaction ID: SA11AI.38936 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bose, Sarojini, , , Date of Receipt

Mailing Address 7007 N 1st Lane 03 2017 City State Zip Code Transaction ID: SA11AI.37567 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle I Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee.	Date of Receipt 13 2017 Transaction ID: SA11Al.38273 Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 750.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Bose, Sarojini, , , Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / 14 / 2017 Transaction ID: SA11AI.38274 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name of Individual (Last, First, Mid Bose, Sarojini, , , Mailing Address 7007 N 1st Lane	dle Initial) or Full Organization Name	Date of Receipt					
Maining Address 7007 IN 1St Latte	05 15 2017						
City	Transaction ID : SA11AI.38937						
mcallen	TX 78504	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	- Solution					
Primary General Other (specify) ▼	1250.00						
Full Name of Individual (Last, First, Mid Bose, Sarojini, , ,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7007 N 1st Lane		06 30 2017					
City	State Zip Code TX 78504	Transaction ID : SA11AI.38938					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1500.00						
Full Name of Individual (Last, First, Mid C. Bracamontes, Francisco, , ,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2005 Cimarron Court		01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mission	State Zip Code 78572	Transaction ID : SA11AI.37568 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	FEC ID number of contributing						
Name of Employer (for Individual) self-employed	Memo Item contribution						
Receipt For:	Aggregate rear-to-Date v						
Primary General Other (specify)	400.00						
SUBTOTAL of Receipts This Page (option	nal)	900.00					
TOTAL This Period (last page this line nu	imber only)						

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 2017 City Zip Code State Transaction ID: SA11AI.37908 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 13 2017 City State Zip Code Transaction ID: SA11AI.38275 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bracamontes, Francisco, , , Date of Receipt Mailing Address 2005 Cimarron Court 14 2017 City State Zip Code Transaction ID: SA11AI.38276 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , , Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Date of Receipt M					
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	contribution				
Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , , Mailing Address 2005 Cimarron Court City	itial) or Full Organization Name State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	TX 78572 C Occupation (for Individual) physician	Amount of Each Receipt this Period 400.00 Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00					
Full Name of Individual (Last, First, Middle In Bracamontes, Yvonne, , Dr., Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt Mark				
Other (specify) SUBTOTAL of Receipts This Page (optional)	7 7 7	850.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Bracamontes, Yvonne, , Dr., Mailing Address 2005 Cimarron Court City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	ailing Address 2005 Cimarron Court ity Mission State TX Zip Code 78572 C EC ID number of contributing deral political committee. ame of Employer (for Individual) elfemployed eceipt For: Primary General State Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Canales, Erasto, , Dr., Mailing Address 105 Bluebird City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt O1				
Full Name of Individual (Last, First, Middle Canales, Erasto, , Dr., Mailing Address 105 Bluebird City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 02				
SUBTOTAL of Receipts This Page (optional).	>	850.00				
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or for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Full Name of Individual (Last, First, Middle Initi. Canales, Erasto, , Dr.,	al) or Full Orga	nization Name	Date of Receipt				
Mailing Address 105 Bluebird	03 13 2017						
City	Transaction ID : SA11AI.38279						
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	400.00						
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
self-employed	physici	an	contribution				
Receipt For:	Aggregate Ye	ar-to-Date ▼					
Primary General	riggi ogalo 10	ar to Bate					
Other (specify) ▼		1200.00					
Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	nization Name	Date of Receipt				
Mailing Address 105 Bluebird			04 14 2017				
City	State	Zip Code					
McAllen	TX	78504	Transaction ID : SA11Al.38280 Amount of Each Receipt this Period				
FEC ID number of contributing			Tunedik di Zadi Nedelpi tilib i diled				
federal political committee.	C		400.00				
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution				
Receipt For:	Aggregate Ye	ar-to-Date ▼					
Primary General Other (specify) ▼		1600.00					
Full Name of Individual (Last, First, Middle Initi	al) or Full Orga	nization Name	Date of Receipt				
Mailing Address 105 Bluebird			05 15 2017				
City	State	Zip Code	Transaction ID : SA11AI.38943				
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing	С						
federal political committee.	400.00						
Name of Employer (for Individual)	Memo Item						
self-employed	contribution						
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Primary General Other (specify)	45	2000.00					
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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDER	AL PAC						
Full Name of Individual (Last, First, Mido Canales, Erasto, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 105 Bluebird	06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	Transaction ID : SA11AI.38944						
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	2400.00						
Full Name of Individual (Last, First, Mido 3. Canales, Ricardo, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 408 Marigold		05 15 2017					
City	State Zip Code	Transaction ID : SA11AI.38945					
McAllen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item conribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name of Individual (Last, First, Mido	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 408 Marigold		06 30 2017					
City	State Zip Code	Transaction ID : SA11AI.38946					
McAllen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů .						
Name of Employer (for Individual)	Memo Item						
self-employed	Populat For:						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	300.00						
SUBTOTAL of Receipts This Page (option	al)	500.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC								
Full Name of Individual (Last, First, Middle Cantu, Alonzo, , , Mailing Address P.O.Box 2673	Initial) or Full Organiza	tion Name	Date of Receipt						
	· ·		01 03 2017 Transaction ID : SA11Al.37573						
City	, , , , , , , , , , , , , , , , , , , ,								
mcallen	TX 7	'8502	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ÿ III								
Name of Employer (for Individual)	Occupation	(for Individual)	Memo Item						
self-employed	private inve	stor	contribution						
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼								
Full Name of Individual (Last, First, Middle Cantu, Alonzo, , , Mailing Address P.O.Box 2673	Initial) or Full Organiza	tion Name	Date of Receipt						
ag /1001000 P.U.B0X 20/3			02 21 2017						
City	State Zip	Code	Transaction ID : SA11AI.37913						
mcallen	TX 78	8502	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		400.00						
Name of Employer (for Individual) self-employed	Occupation private inve	(for Individual)	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 800.00							
Full Name of Individual (Last, First, Middle Cantu, Alonzo, , ,	Initial) or Full Organiza	tion Name	Date of Receipt						
Mailing Address P.O.Box 2673		0.1	03 13 2017						
City mcallen	1 ') Code 8502	Transaction ID : SA11AI.38285						
		UUU <u>L</u>	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	y II								
Name of Employer (for Individual)		(for Individual)	Memo Item						
self-employed	private inves	stor	contribution						
Receipt For: Primary General	Aggregate Year-to-								
Other (specify)		1200.00							
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC									
Full Name of Individual (Last, First, Middle I Cantu, Alonzo, , , Mailing Address P.O.Box 2673	Initial) or Full Orga	nization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	O'h									
City mcallen	State	Zip Code 78502	Transaction ID : SA11AI.38286							
	170	10002	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		400.00							
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item							
self-employed	private	investor	contribution							
Receipt For: Primary General	Aggregate Yea									
Other (specify) ▼		1600.00								
Full Name of Individual (Last, First, Middle I Cantu, Alonzo, , ,	Initial) or Full Orga	nization Name	Date of Receipt							
Mailing Address P.O.Box 2673	05 15 2017									
City	State	Zip Code	Transaction ID : SA11AI.38949							
mcallen	1.4	78502	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		400.00							
Name of Employer (for Individual) self-employed		ation (for Individual)	Memo Item contribution							
Receipt For:	Aggregate Yea	ar-to-Date ▼								
Primary General Other (specify) ▼	- A	2000.00								
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt							
Mailing Address P.O.Box 2673			06 30 / Y Y Y Y Y							
City	State	Zip Code	Transaction ID : SA11AI.38950							
mcallen	TX	78502	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		400.00							
Name of Employer (for Individual)	Memo Item									
self-employed Receipt For:		investor	contribution							
Primary General	Aggregate Yea	ar-to-Date ▼								
Other (specify)		2400.00								
SUBTOTAL of Receipts This Page (optional)	'		1200.00							
TOTAL This Period (last page this line number	er only)									

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC							
Α.	Full Name of Individual (Last, First, Middle Initi Cantu, Leonel, , Dr.,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 2102 Deborah			05 15 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38953					
	Edinburg	TX	78539	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	Self employed	physic	cian	contribution					
	Receipt For: Primary General	1.,	′ear-to-Date ▼						
	Other (specify) ▼		250.00						
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 2102 Deborah			06 30 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38954					
	Edinburg	TX	78539	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Self employed	Occup physi	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	′ear-to-Date ▼						
	Primary General Other (specify) ▼		300.00						
_	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	ganization Name	Date of Receipt					
Ċ.	Mailing Address 1201 S. Gumwood			M = M / D = D / Y = Y = Y					
		10	T-1 0 1	05 15 2017					
	City Pharr	State	Zip Code 78577	Transaction ID : SA11AI.38955					
		17	76577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	self-employee	private	e investor	contribution					
	Receipt For:	Aggregate V	'ear-to-Date ▼						
	Primary General	, iggi ogalo i	our to Buto						
	Other (specify)		250.00						
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Melissa, , Ms, Date of Receipt Mailing Address 1201 S. Gumwood 30 2017 City Zip Code State Transaction ID: SA11AI.38956 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 13 2017 City State Zip Code Transaction ID: SA11AI.38295 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 14 2017 City State Zip Code Transaction ID: SA11AI.38296 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initial Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI.38959			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer (for Individual) self-employed	Occup: physic	ation (for Individual) ian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00				
В.	Full Name of Individual (Last, First, Middle Initial Caporusso, Joseph, , Dr., Mailing Address 217 E. Yellowhammer	al) or Full Org	anization Name	Date of Receipt			
				06 30 2017			
	City	State	Zip Code	Transaction ID : SA11AI.38960			
	McAllen	cAllen TX 78504					
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) zian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00				
С .	Full Name of Individual (Last, First, Middle Initial Cardenas, Carlos, , ,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 1000 N. Taylor Road			01 03 7 2017			
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.37578 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer (for Individual) self-employed	Occup: physici	ation (for Individual) ian	Memo Item contribution			
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼				
	Other (specify)		400.00				
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			600.00			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Cardenas, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1000 N. Taylor Road	02 21 2017	
City	State Zip Code TX 78501	Transaction ID : SA11AI.37919
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.0	
Full Name of Individual (Last, First, Middle Cardenas, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1000 N. Taylor Road		03
City 	State Zip Code	Transaction ID : SA11AI.38297
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.	00
Full Name of Individual (Last, First, Middle Cardenas, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1000 N. Taylor Road		04 14 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.38298 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1600.0	00
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Full Name of Individual (Last, First, Middle Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road	State TX C Occup	Zip Code 78501	Date of Receipt M
Full Name of Individual (Last, First, Middle Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	State TX C	Zip Code 78501	Date of Receipt Mo6 30 2017 Transaction ID: SA11Al.38962 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C Occup	Zip Code 78572	Date of Receipt O1 O3 2017 Transaction ID: SA11AI.37579 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional			1200.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway	nitial) or Full Organization Name	Date of Receipt O2 21 2017			
City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78572 C ID number of contributing eral political committee. TX 78572 C ID number of contributing eral political committee. D C C C C C C C C C C C C C C C C C C				
Full Name of Individual (Last, First, Middle In Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38299 Amount of Each Receipt this Period 400.00 Memo Item contribution			
Full Name of Individual (Last, First, Middle In Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt M M M / 14 2017 Transaction ID: SA11AI.38300 Amount of Each Receipt this Period 400.00 Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle I Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.38965 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution		
Primary General Other (specify) ▼	2000.00			
Full Name of Individual (Last, First, Middle I Castaneda, Marissa, , , Mailing Address 5021	Date of Receipt			
Elk Lane City	State Zip Code	05 15 2017 Transaction ID : SA11Al.38967		
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle I Castaneda, Marissa, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 5021 Elk Lane		06 30 2017		
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.38968 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual) self-employed Receipt For:	mployed private investor			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)		500.00		
TOTAL This Period (last page this line numbe	er only)			

FOR LINE NUMBER: PAGE 59 OF 358 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Castrillon, Augusto, , , Date of Receipt Mailing Address 223 Rio Grande Drive 03 2017 City Zip Code State Transaction ID: SA11AI.37581 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Castrillon, Augusto, , , Date of Receipt Mailing Address 223 Rio Grande Drive 2017 City State Zip Code Transaction ID: SA11AI.37922 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Castrillon, Augusto, , , Date of Receipt Mailing Address 223 Rio Grande Drive 13 2017 City State Zip Code Transaction ID: SA11AI.38303 TX mission 78572 Amount of Each Receipt this Period

FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... FEC Schedule A (Form 3X) Rev. 06/2016

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , , Mailing Address 223 Rio Grande Drive	nitial) or Full Organizat	ion Name	Date of Receipt						
			04 14 2017						
City		Code	Transaction ID: SA11AI.38304						
mission	TX 7	8572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual)	Occupation	(for Individual)	Memo Item						
self-employed	physician		contribution						
Receipt For: Primary General	Aggregate Year-to-								
Other (specify) ▼	Other (specify) ▼ 1000.00								
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , ,	nitial) or Full Organizat	tion Name	Date of Receipt						
Mailing Address 223 Rio Grande Drive									
City mission	'	Code 8572	Transaction ID : SA11AI.38969 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) self-employed	Occupation physician	(for Individual)	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1250.00							
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , ,	nitial) or Full Organizat	ion Name	Date of Receipt						
Mailing Address 223 Rio Grande Drive			06 / 30 / Y Y Y Y Y Y						
City mission	I .	Code 3572	Transaction ID : SA11AI.38970						
	18		Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual)		(for Individual)	Memo Item contribution						
self-employed Receipt For:	physician		- Contribution						
Primary General	Aggregate Year-to-	·Date ▼							
Other (specify)		1500.00							
SUBTOTAL of Receipts This Page (optional)			750.00						
TOTAL This Period (last page this line number	only)								

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		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Cavazos-Salas, Norma, , , Mailing Address 2301 N. Bryan Road	Date of Receipt O1 03 2017	
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.37582
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution
Primary General Other (specify) ▼	4-14-1	0.00
Full Name of Individual (Last, First, Middle II Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite 7	Date of Receipt 03 13 2017	
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.38307 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle In Cooper, Virah, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1801 South 5th Street suite		04
City McAllen	State Zip Code 78503	Transaction ID : SA11AI.38308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite 7	Date of Receipt 05 15 2017					
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.38973				
FEC ID number of contributing federal political committee.	C 78503	Amount of Each Receipt this Period				
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle Ir Cooper, Virah, , Dr., Mailing Address 1801 South 5th Street suite 7		Date of Receipt 06 30 2017				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.38974 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name of Individual (Last, First, Middle Ir Cooper-Dockery, Donna, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2301 Solera Drive		02 21 2017				
City mission	State Zip Code 78572	Transaction ID : SA11AI.37926 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)	•	325.00				
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Cooper-Dockery, Donna, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cooper-Dockery, Donna, , Dr.,						
Mailing Address 2301 Solera Drive	Mailing Address 2301 Solera Drive						
City	State Zip Code	Transaction ID : SA11AI.38309					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employee	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	riggiogato roal to Bate	-					
Other (specify) ▼	375.00						
Full Name of Individual (Last, First, Middle 3. Cooper-Dockery, Donna, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2301 Solera Drive	04 14 2017						
City	State Zip Code	Transaction ID : SA11AI.38310					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	500.00						
Full Name of Individual (Last, First, Middle C. Cooper-Dockery, Donna, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2301 Solera Drive		05 15 2017					
City	State Zip Code	Transaction ID : SA11AI.38975					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual) self-employee							
Receipt For:	physician	contribution					
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	625.00						
SUBTOTAL of Receipts This Page (optional)		375.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee	State Zip Code TX 78572 C Occupation (for Individual) physician	Date of Receipt 06 30 2017 Transaction ID: SA11AI.38976 Amount of Each Receipt this Period 125.00 Memo Item contribution				
Heceipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive City McAllen	State Zip Code TX 78503	Date of Receipt Man				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	100.00 Memo Item contribution				
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In	300,00					
Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive City McAllen	State Zip Code TX 78503	Date of Receipt Mark				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Memo Item contribution				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr., Mailing Address 4101 South Burns Drive	nitial) or Full Organization Name	Date of Receipt
		05 15 2017
City	State Zip Code	Transaction ID : SA11AI.38979
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4101 South Burns Drive		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.38980
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle In Cortinas, Diana, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate Lane		02 21 2017
City	State Zip Code TX 78504	Transaction ID : SA11AI.37929
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	400.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	al) or Full Org	anization Name	Date of Receipt 03 13 2017
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.38316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) self-employed Receipt For:	Occup physic Aggregate Ye		Memo Item contribution
	Primary General Other (specify) ▼		600.00	
В.	Full Name of Individual (Last, First, Middle Initial Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	al) or Full Org	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.38317
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 200.00
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
С .	Full Name of Individual (Last, First, Middle Initial Cortinas, Diana, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1400 Northgate Lane			05 15 2017
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.38981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1000.00	
S	SUBTOTAL of Receipts This Page (optional)		·····	600.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name of Individual (Last, First, M Cortinas, Diana, , , Mailing Address 1400 Northgate Lane	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate Lane		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.38982
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, M Cortinas, Guillermo, , , Mailing Address 1224 Northgate Lane	iddle Initial) or Full Organization Name	Date of Receipt
		05 15 2017
City	State Zip Code	Transaction ID : SA11AI.38983
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, M.). Cortinas, Guillermo, , ,	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1224 Northgate Lane		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.38984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (opti	ional)	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Cortinas, Javier, , , Mailing Address 1400 Northgate City	State Zip Code	Date of Receipt O1 03 2017 Transaction ID: SA11AI.37590
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Cortinas, Javier, , , Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	750.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , , Mailing Address 1400 Northgate	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.38321
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , , Mailing Address 1400 Northgate	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	05 15 2017
	mcallen	TX	78504	Transaction ID : SA11AI.38985 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1250,00	
С .	Full Name of Individual (Last, First, Middle Initial Cortinas, Javier, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1400 Northgate			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.38986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1500.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl Costa, Hildegardo, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		05 15 2017
City	State Zip Code	Transaction ID : SA11AI.38987
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middl Costa, Hildegardo, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.38988
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middl Darling, James, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1225 E Peking		02 21 2017
City	State Zip Code	Transaction ID : SA11AI.37933
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For:	private investor	Contribution
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional	al)	250.00
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358 71 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 2017 13 City State Zip Code Transaction ID: SA11AI.38324 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 04 14 2017 City State Zip Code Transaction ID: SA11AI.38325 TX 78501 mcallen Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution private investor Receipt For: Aggregate Year-to-Date ▼ Primary General

	Other (specify)	4	600.00	
C N	Full Name of Individual (Last, First, Middle Init Darling, James, , , Mailing Address 1225 E Peking City mcallen FEC ID number of contributing ederal political committee. Vame of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)				450.00
	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	FEC Schedule A (Form 3X) Rev. 06/2

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 2017 City Zip Code State Transaction ID: SA11AI.38990 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 01 2017 City State Zip Code Transaction ID: SA11AI.37597 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 21 2017 City State Zip Code Transaction ID: SA11AI.37934 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 13 2017 City Zip Code State Transaction ID: SA11AI.38326 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 04 2017 City State Zip Code Transaction ID: SA11AI.38327 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deanda, David, , , Date of Receipt Mailing Address 2408 Dorado 15 2017 City State Zip Code Transaction ID: SA11AI.38991 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC							
Deanda, David, , , Mailing Address 2408 Dorado City	Mailing Address 2408 Dorado							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Amount of Each Receipt this Period 250.00 Memo Item contribution							
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 02 21 2017 Transaction ID: SA11Al.37938 Amount of Each Receipt this Period 200.00 Memo Item contribution						
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38334 Amount of Each Receipt this Period 200.00 Memo Item contribution						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th		Date of Receipt 04 14 2017
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.38335
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 200.00	
Name of Employer (for Individual)	Occupation (for Individual) physician	Memo Item
selfemployed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	contribution
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr. Mailing Address 5128 N. 10th	Initial) or Full Organization Name	Date of Receipt 05 15 2017
City	State Zip Code	Transaction ID : SA11AI.38999
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I Delgado, Luis, , , Jr.	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5128 N. 10th		06 30 2017
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.39000
FEC ID number of contributing federal political committee.	C 76504	Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) selfemployed Receipt For:	Memo Item contribution	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Desai, Parul, , Dr., Mailing Address 7004 North 1st	nitial) or Full Organization Na		Date of Receipt
			03 13 2017
City	State Zip Code		Transaction ID : SA11AI.38336
McAllen	TX 78504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupation (for Ind	lividual)	Memo Item
selfemployed	physician	c	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
Full Name of Individual (Last, First, Middle In Desai, Parul, , Dr.,	nitial) or Full Organization Na		Date of Receipt
Mailing Address 7004 North 1st			04 14 2017
City	State Zip Code TX 78504		Transaction ID : SA11AI.38337
McAllen	TX 78504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupation (for Inc		Memo Item ontribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	400.00	
Full Name of Individual (Last, First, Middle In Desai, Parul, , Dr.,	nitial) or Full Organization Na		Date of Receipt
Mailing Address 7004 North 1st			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504		Transaction ID : SA11AI.39001
	/8504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	Occupation (for Ind	′	Memo Item
selfemployed Receipt For:	physician		contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼	500.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Desai, Parul, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 7004 North 1st			06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI.39002			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		100.00				
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	selfemployed	physic	,	contribution			
	Receipt For:	1.,					
	Primary General	Aggregate Ye	ear-to-Date ▼				
	Other (specify) ▼		600.00				
В.	Full Name of Individual (Last, First, Middle Initi Desai, Satish, D., Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 7004 North 1st			05 15 2017			
	City	State	Zip Code	Transaction ID : SA11AI.39003			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	y III					
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Desai, Satish, D., Dr.,	ial) or Full Org	anization Name	Date of Receipt			
٥.	Mailing Address 7004 North 1st			06 30 2017			
	City	State	Zip Code	Transaction ID : SA11AI.39004			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FFO ID accepts an efficient time.			7 tillount of Euch Hoodipt tillo i offod			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	selfemployed	physici	ian	contribution			
	Receipt For:	Aggregate Ye					
	Primary General	riggrogato re	our to Bute 1				
	Other (specify)		300.00				
s	SUBTOTAL of Receipts This Page (optional)		·····	200.00			
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Disque, Laura, , Ms, Date of Receipt Mailing Address 2020 Anacua Circle 15 2017 City Zip Code State Transaction ID: SA11AI.39005 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Disque, Laura, , Ms, Date of Receipt Mailing Address 2020 Anacua Circle 06 2017 City State Zip Code Transaction ID: SA11AI.39006 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Duran, Alberto, , , Date of Receipt Mailing Address 1615 Palazzo 03 2017 City State Zip Code Transaction ID: SA11AI.37603 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Duran, Alberto, , , Date of Receipt Mailing Address 1615 Palazzo 2017 City Zip Code State Transaction ID: SA11AI.37943 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Duran, Alberto, , , Date of Receipt Mailing Address 1615 Palazzo 2017 City State Zip Code Transaction ID: SA11AI.38344 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Duran, Alberto, , , Date of Receipt Mailing Address 1615 Palazzo 14 2017 City State Zip Code Transaction ID: SA11AI.38345 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.		al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1615 Palazzo			05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.39009
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	400.00		
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	selfemployed	physi	ician	contribution
	Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Initial Duran, Alberto, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1615 Palazzo			06 30 2017
	City	State	Zip Code	Transaction ID : SA11AI.39010
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate \	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		2400.00	
_	Full Name of Individual (Last, First, Middle Initial Esparza, Antonio, , ,	al) or Full Or	ganization Name	Date of Receipt
C.	Mailing Address 136 W. Yucca			M = M / D = D / Y = Y = Y
				01 03 2017
	City	State	Zip Code	Transaction ID : SA11AI.37604
	mcallent	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	selfemployed	physic	cian	contribution
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary General Other (specify)		400.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Esparza, Antonio, , , Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	Date of Receipt O2 21 2017 Transaction ID : SA11Al.37944 Amount of Each Receipt this Period 400.00 Memo Item contribution	
Other (specify) ▼ Full Name of Individual (Last, First, Middle II Esparza, Antonio, , ,	800.00 nitial) or Full Organization Name	Date of Receipt
City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.38346 Amount of Each Receipt this Period 400.00 Memo Item contribution
Other (specify) ▼ Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Descipt
City Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 04
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Esparza, Antonio, , , Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle I Esparza, Antonio, , , Mailing Address 136 W. Yucca City mcallent FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Falcon, Antonio, , , Date of Receipt Mailing Address 2768 Pharmacy Road 2017 State Zip Code Transaction ID: SA11AI.38351 TX 78582 rio grande city Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcon, Antonio, , , Date of Receipt Mailing Address 2768 Pharmacy Road 05 15 2017 City Zip Code State Transaction ID: SA11AI.39015 TX 78582 rio grande city Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Falcon, Antonio, , ,	Date of Receipt	
Mailing Address 2768 Pharmacy Road	06 30 2017	
City	State Zip Code	Transaction ID : SA11AI.39016
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
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	Statements may not be sold or used by any per the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC							
Full Name of Individual (Last, First, Middle Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen	Mailing Address 2212 Westway City State Zip Code TX 78504							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period 250.00 Memo Item contribution						
Full Name of Individual (Last, First, Middle Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt O2 21 2017 Transaction ID: SA11AI.37947 Amount of Each Receipt this Period 250.00 Memo Item contribution						
Full Name of Individual (Last, First, Middle Falcon, Maria Elena, , , Mailing Address 2212 Westway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 03						
SUBTOTAL of Receipts This Page (optional).	>	750.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middle Falcon, Maria Elena, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2212 Westway		04 14 2017					
City	State Zip Code TX 78504	Transaction ID : SA11AI.38353					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
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Full Name of Individual (Last, First, Middla). Falcon, Maria Elena, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2212 Westway		05 15 2017					
City	State Zip Code	Transaction ID : SA11AI.39017					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1250.00]					
Full Name of Individual (Last, First, Middle). Falcon, Maria Elena, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2212 Westway		06 30 2017					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.39018					
	10001	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Midd Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 110 E. Savannan #101		01 03 2017				
City	State Zip Code	Transaction ID : SA11AI.37608				
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Midd Feigl, Alexander, , Dr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 110 E. Savannah #101		02 21 2017				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.37948				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 110 E. Savannah #101		03 13 2017				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.38354				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	750.00					
SUBTOTAL of Receipts This Page (optional	al)	750.00				
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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101) or Full Orga	nization Name	Date of Receipt				
	Ivialing Address 110 E. Savannan #101			04 14 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38355				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) self-employed	Occupa	tion (for Individual) an	Memo Item contribution				
	Descript Form	Aggregate Yea	ar-to-Date ▼ 1000.00					
3.	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr., Mailing Address 110 E. Savannah #101) or Full Orga	nization Name	Date of Receipt				
				05 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.39019				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ů l						
	Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1250.00					
	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 110 E. Savannah #101			06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.39020				
	FEC ID number of contributing federal political committee.	C	10000	Amount of Each Receipt this Period 250.00				
	Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual)	Memo Item				
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	Primary General Other (specify)	regrogate lea	1500.00					
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					purpose of soliciting contributions ontributions from such committee.
NAME OF COMMITTEE (IN BORDER HEALTH					
Full Name of Individual (La: Flores, Marco, , , Mailing Address 320 Primro	·	Full Organiza	tion Name	Date o	of Receipt
City	Sta	te 7ii	o Code	01 Tron	03 2017
mcallen	TX		saction ID : SA11AI.37609 It of Each Receipt this Period		
FEC ID number of contributed federal political committee.	ting		250.00		
Name of Employer (for Indi	vidual)		(for Individual)		lemo Item
self-employed	T	physician		contribu	tion
Receipt For: Primary Gen Other (specify) ▼	Aggra Aggra	egate Year-to	-Date ▼ 250.00		
Full Name of Individual (La: Flores, Marco, , , Mailing Address 320 Primro	· ,	Full Organiza	tion Name	Date o	of Receipt
				02	21 2017
City	Sta	. '	Code 8504		saction ID : SA11AI.37949
mcallen	TX	Amoun	t of Each Receipt this Period		
FEC ID number of contributed federal political committee.	ting				250.00
Name of Employer (for Indi self-employed	vidual)	Occupation physician	(for Individual)	contribu	lemo Item tion
Receipt For: Primary Gen Other (specify) ▼	Aggre	egate Year-to	-Date ▼ 500.00		
Full Name of Individual (La: Flores, Marco, , ,	st, First, Middle Initial) or	Full Organiza	tion Name	Date o	of Receipt
Mailing Address 320 Primro	ose			03	13 2017
City	Sta		Code	Trans	saction ID : SA11AI.38356
mcallen	TX	7	8504	Amoun	nt of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting				250.00
Name of Employer (for Indi	vidual)	Occupation physician	(for Individual)	contribu	lemo Item Ition
Receipt For:		egate Year-to	-Date ▼		
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
angle BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl A. Flores, Marco, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 320 Primrose		04 14 2017
City	State Zip Code	Transaction ID : SA11AI.38357
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individu	al) Memo Item
self-employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
Full Name of Individual (Last, First, Middl Flores, Marco, , , Mailing Address 320 Primrose	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 320 Primrose		05 15 2017
City	Transaction ID : SA11AI.39021	
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individu physician	al) Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		1250.00
Full Name of Individual (Last, First, Middl	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 320 Primrose		06 30 2017
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.39022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual)	al) Memo Item	
self-employed	physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	1500.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name of Individual (Last, First, Midd Franklin, Raymond, , Mr.,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 3212 Nightingale Court		05 15 2017						
City								
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	50.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	private investor	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00							
Full Name of Individual (Last, First, Midd Franklin, Raymond, , Mr.,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 3212 Nightingale Court		06 30 2017						
City	State Zip Code	Transaction ID : SA11AI.39028						
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	50.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	300.00							
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 5936 N. Cynthia		01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.37613 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	400.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	400.00							
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C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Galindo, Eugenio, , , Date of Receipt Mailing Address 5936 N. Cynthia 2017 City State Zip Code Transaction ID: SA11AI.37953 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Galindo, Eugenio, , , Date of Receipt Mailing Address 5936 N. Cynthia 03 13 2017 City State Zip Code Transaction ID: SA11AI.38365 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00

	,	,	
Full Name of Individual (Last, First, Middle In Galindo, Eugenio, , ,	Date of Receipt		
Mailing Address 5936 N. Cynthia	04 14 2017		
City	State	Zip Code	Transaction ID : SA11AI.38366
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
self-employed	physic	ian	contribution
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 1600.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia	al) or Full Orga	anization Name	Date of Receipt 05 15 2017
	City	Transaction ID : SA11AI.39029		
	FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Memo Item contribution		
В.	Full Name of Individual (Last, First, Middle Initia Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID : SA11AI.39030		
	mcallen FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00	
С .	Full Name of Individual (Last, First, Middle Initia Garcia, Elvin, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2800 Santa Teresa			01 03 7 2017
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.37615 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed Receipt For:	physici		Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle Garcia, Elvin, , , Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing	Date of Receipt M						
Receipt For: Primary Other (specify) ▼ Other (specify) ▼	Name of Employer (for Individual) self-employed Receipt For: Primary Occupation (for Individual) physician Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Garcia, Elvin, , , Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Date of Receipt 13 2017 Transaction ID: SA11AI.38367 Amount of Each Receipt this Period 400.00 Memo Item						
self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1200.00	contribution					
Full Name of Individual (Last, First, Middle Garcia, Elvin, , , Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Man / 14 2017 Transaction ID: SA11AI.38368 Amount of Each Receipt this Period 400.00 Memo Item contribution					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Garcia, Elvin, , , Mailing Address 2800 Santa Teresa	Initial) or Full Organization Name	Date of Receipt				
City	Ctata 7:- Cada	05 15 2017				
City mission	State Zip Code 78572	Transaction ID : SA11AI.39031				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution				
Primary General Other (specify) ▼	.00					
Full Name of Individual (Last, First, Middle Garcia, Elvin, , , Mailing Address 2800 Santa Teresa	Date of Receipt					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.39032 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V					
Full Name of Individual (Last, First, Middle Garcia, Hiram, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2712 E Mile 5 Road	State 7:- Onda	01 03 2017				
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.37616 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	.00				
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Α.	Full Name of Individual (Last, First, Middle Initia Garcia, Hiram, , ,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 2712 E Mile 5 Road			02 21 2017			
	City	State	Zip Code	Transaction ID : SA11AI.37955			
	Mission	TX	78574	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item			
	selfemployed	contribution					
	Receipt For:	_					
	Primary General	Aggregate Y	'ear-to-Date ▼				
	Other (specify) ▼		500.00				
B	Full Name of Individual (Last, First, Middle Initial Garcia, Hiram, , ,	al) or Full Orç	ganization Name	Date of Receipt			
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	Mailing Address 2712 E Mile 5 Road			03 13 2017			
	City	03 13 2017					
	•	State	Zip Code	Transaction ID : SA11AI.38369			
	Mission	TX	78574	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	250.00					
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate Y	′ear-to-Date ▼				
	Primary General Other (specify) ▼	4	750.00				
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Orç	ganization Name	D. (D.)			
C.	Garcia, Hiram, , ,			Date of Receipt			
	Mailing Address 2712 E Mile 5 Road City	State	Zip Code	04 14 2017 Transaction ID : SA11AI.38370			
	Mission	TX	78574	Amount of Each Receipt this Period			
			1.557.	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item			
	selfemployed	physic	cian	contribution			
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City Mission	State Zip Cod					
	170574	Amount of Each Receipt this Period	d			
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Name of Employer (for Individual)	Occupation (for I	ndividual) Memo Item				
selfemployed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1250.00				
Full Name of Individual (Last, First, Middl Garcia, Hiram, , ,	e Initial) or Full Organization N	Date of Receipt				
Mailing Address 2712 E Mile 5 Road		06 30 2017	Y			
City	State Zip Cod	e Transaction ID : SA11Al.39034				
Mission	TX 78574	Amount of Each Receipt this Period	d			
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) selfemployed	Occupation (for I physician	ndividual) Memo Item contribution				
Receipt For:	Aggregate Year-to-Date	▼				
Primary General Other (specify) ▼		1500.00				
Full Name of Individual (Last, First, Middl Carcia, Oscar, , Dr.,	e Initial) or Full Organization N	Name Date of Receipt				
Mailing Address 1717 Palazzo		01 03 2017	Y			
City Mission	State Zip Cod TX 78572	e Transaction ID : SA11AI.37618 Amount of Each Receipt this Period	d			
FEC ID number of contributing federal political committee.	C	400				
Name of Employer (for Individual)	Occupation (for I	ndividual) Memo Item				
self-employed	physician	contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	400.00				
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Full Name of Individual (Last, First, Middle II Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt M
Full Name of Individual (Last, First, Middle II Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11Al.38373 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle III Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt Mark
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo City Mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M
Receipt For: Primary Other (specify) ▼ Name of Employer (for Individual) Self-employed General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Memo Item contribution
Full Name of Individual (Last, First, Middle II Garcia, Oscar, , Dr., Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39038 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Garcia, Ricardo, , Dr., Mailing Address 6108 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)		Date of Receipt 03 13 2017 Transaction ID: SA11AI.38377 Amount of Each Receipt this Period 100.00 Memo Item contribution
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358 99 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Ricardo, , Dr., Date of Receipt Mailing Address 6108 North 5th Street 14 2017 City Zip Code State Transaction ID: SA11AI.38378 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Garcia, Ricardo, , Dr., Date of Receipt Mailing Address 6108 North 5th Street 05 15 2017 City State Zip Code Transaction ID: SA11AI.39041 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garcia, Ricardo, , Dr., Date of Receipt Mailing Address 6108 North 5th Street 30 2017 City State Zip Code Transaction ID: SA11AI.39042 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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358 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Samuel, , Dr., Date of Receipt Mailing Address 137 E. Guardenia 13 2017 City Zip Code State Transaction ID: SA11AI.38379 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Samuel, , Dr., Date of Receipt Mailing Address 137 E. Guardenia 04 2017 City State Zip Code Transaction ID: SA11AI.38380 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garcia, Samuel, , Dr., Date of Receipt Mailing Address 137 E. Guardenia 15 2017 City State Zip Code Transaction ID: SA11AI.39043 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
A.	Full Name of Individual (Last, First, Middle Initial Garcia, Samuel, , Dr., Mailing Address 137 E. Guardenia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Date of Receipt 06 30 2017 Transaction ID : SA11AI.39044 Amount of Each Receipt this Period 100.00 Memo Item contribution		
3.	Primary ☐ General Other (specify) ▼	State TX C Occupa physicia Aggregate Yea	Zip Code 78504 tion (for Individual) an ar-to-Date ▼ 400.00	Date of Receipt O1
· · · · · · · · · · · · · · · · · · ·	Full Name of Individual (Last, First, Middle Initial Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX	Zip Code 78504 tion (for Individual)	Date of Receipt M 02
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D J 2017 Transaction ID: SA11AI.38383 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 14 2017 Transaction ID: SA11Al.38384 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt M
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240 City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39048 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 01 03 2017 Transaction ID: SA11Al.37626 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mark
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle I Garza, James, , Dr., Mailing Address 2821 Lakeshore Drive	nitial) or Full Orga	anization Name	Date of Receipt 03 13 2017		
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.38389 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		400.00		
Name of Employer (for Individual) self-employed	Occupa physici Aggregate Ye		Memo Item contribution		
Receipt For: Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle I Garza, James, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 2821 Lakeshore Drive	Ctoto	Zin Codo	04 / 14 / 2017		
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.38390 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	FEC ID number of contributing				
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1600.00			
Full Name of Individual (Last, First, Middle I Garza, James, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 2821 Lakeshore Drive			05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39053 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		400.00		
Name of Employer (for Individual) self-employed	physicia		Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 2000.00			
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selfemployed

Receipt For:

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Primary

General

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contribution

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Other (specify) ▼	4	250.00	
Full Name of Individual (Last, First, Middle Init. Garza, Martin, , Dr.,	tial) or Full Orga	nization Name	Date of Receipt
Mailing Address P.O. Box 180	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA11AI.39056
Linn	TX	78563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
selfemployed	physicia	an	contribution
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physician

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waning /	Tudioso 5404 IV. 1st street			01 03 2017
City		State	Zip Code	Transaction ID : SA11AI.37630
mcallen		TX	78504	Amount of Each Receipt this Period
	number of contributing political committee.	С		400.00
Name of	f Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
selfempl		private	investor	contribution
	For: imary General ther (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
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	Address 5404 N. 1st street	To		02 21 7 2017
City mcallen		State	Zip Code 78504	Transaction ID : SA11AI.37967
	an unaban of a manifesting	17	76304	Amount of Each Receipt this Period
	number of contributing political committee.	C		400.00
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	imary	4	800.00	
	ne of Individual (Last, First, Middle Initial a, Rene, , ,) or Full Orga	nization Name	Date of Receipt
	Address 5404 N. 1st street			03 13 2017
City mcallen		State TX	Zip Code 78504	Transaction ID : SA11AI.38393
			10007	Amount of Each Receipt this Period
	number of contributing political committee.	С		400.00
Name of selfempl	f Employer (for Individual)	Occupa private i	tion (for Individual)	Memo Item contribution
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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Garza, Rene, , , Mailing Address 5404 N. 1st street	nitial) or Full Orga	nization Name	Date of Receipt				
011		T. 0. 1	04 14 2017				
City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.38394				
	1/4	70004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		400.00				
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
selfemployed	private	investor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1600.00					
Full Name of Individual (Last, First, Middle I Garza, Rene, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 5404 N. 1st street	Otar	The Order	05 15 2017				
City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.39057				
	1/	1 0004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů						
Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2000.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 5404 N. 1st street			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID : SA11AI.39058				
mcallen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		400.00				
Name of Employer (for Individual)		ation (for Individual)	Memo Item contribution				
selfemployed Receipt For:	1	investor	Continuation				
Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2400.00					
SUBTOTAL of Receipts This Page (optional)		·····	1200.00				
TOTAL This Period (last page this line numbe	er only)						

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garza-Montalvo, Ayda, , Dr., Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78539 Occupation (for Individual)	Date of Receipt 02 21 2017 Transaction ID : SA11AI.37969 Amount of Each Receipt this Period 125.00 Memo Item
selfemployed Receipt For: Primary General Other (specify) ▼	self-employee physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name of Individual (Last, First, Middle In Garza-Montalvo, Ayda, , Dr., Mailing Address 2311 Silvardo North City Palmhurst	State Zip Code TX 78539	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) self-employee physician Aggregate Year-to-Date 375.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Garza-Montalvo, Ayda, , Dr., Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation (for Individual) self-employee physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 14 / 2017 Transaction ID: SA11AI.38398 Amount of Each Receipt this Period 125.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line numbe	r only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC					
Α.	Full Name of Individual (Last, First, Middle Initia Garza-Montalvo, Ayda, , Dr., Mailing Address 2311 Silvardo North	al) or Full Org	anization Name	Date of Receipt 05 15 2017			
	City	State	Zip Code 78539	Transaction ID : SA11AI.39062			
	Palmhurst	TX	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		125.00				
	Name of Employer (for Individual)		ation (for Individual)	Memo Item			
	selfemployed	self-er	mployee physician	contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 625.00				
В.	Full Name of Individual (Last, First, Middle Initia Garza-Montalvo, Ayda, , Dr.,	Date of Receipt					
	Mailing Address 2311 Silvardo North	06 30 7 2017					
	City	Transaction ID : SA11AI.39063					
	Palmhurst	TX	78539	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	125.00					
	Name of Employer (for Individual) selfemployed		ation (for Individual) mployee physician	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼				
	Cities (Specify) \		730.00				
С .	Full Name of Individual (Last, First, Middle Initial Garza-Tamez, Jesus, , Dr.,	al) or Full Org	anization Name	Date of Receipt			
	Mailing Address 1400 W. Gardenia			03 13 2017			
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.38399 Amount of Each Receipt this Period			
	FEC ID number of contributing			Amount of Each Neceipt this Feriod			
	federal political committee.	С		100.00			
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) ian	Memo Item contribution			
	Receipt For:	1, 7					
	Primary General Other (specify)		300.00				
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			350.00			

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pethe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name of Individual (Last, First, Middle Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.38400		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
self-employed Receipt For: Primary General Other (specify) ▼	ipt For: Aggregate Year-to-Date ▼ Primary General			
Full Name of Individual (Last, First, Middle Garza-Tamez, Jesus, , Dr., Mailing Address 1400 W. Gardenia	Date of Receipt 05 15 2017			
City	State Zip Code	Transaction ID : SA11AI.39064		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name of Individual (Last, First, Middle Garza-Tamez, Jesus, , Dr.,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 1400 W. Gardenia		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.39065		
FEC ID number of contributing federal political committee.	C 76301	Amount of Each Receipt this Period		
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00			
SUBTOTAL of Receipts This Page (optional).	>	300.00		
TOTAL This Period (last page this line number	er only)			

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee.	State Zip Code 78503	Date of Receipt 101 03 2017 Transaction ID : SA11AI.37631 Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle In Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt 02 21 2017 Transaction ID: SA11Al.37971 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: SA11AI.38401 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive	al) or Full Org	anization Name	Date of Receipt					
	City	State	Zip Code 78503	04 14 2017 Transaction ID : SA11AI.38402					
	mcallen FEC ID number of contributing federal political committee.	ТХ	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	elfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General							
В.	Full Name of Individual (Last, First, Middle Initi Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City mcallen FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.39066 Amount of Each Receipt this Period 400.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Gelman, Lawrence, , , Mailing Address 3900 Sundown Drive	al) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78503	Transaction ID: SA11AI.39067 Amount of Each Receipt this Period 400.00					
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Memo Item contribution							
H	SUBTOTAL of Receipts This Page (optional)			1200.00					

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr., Mailing Address 54 South 10th City McAllen	Initial) or Full Organization Name State Zip Code TX 78504	Date of Receipt 03 13 2017 Transaction ID : SA11AI.38407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 300.00	100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr., Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / 14 2017 Transaction ID: SA11Al.38408 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr., Mailing Address 54 South 10th City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any perse name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Gillett, Richard, , Dr., Mailing Address 54 South 10th	itial) or Full Organization Name	Date of Receipt				
City	State Zip Code	06 30 2017 Transaction ID : SA11AI.39073				
McAllen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period				
Name of Employer (for Individual) self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 600.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle In Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt M 03				
Full Name of Individual (Last, First, Middle In Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 04				
SUBTOTAL of Receipts This Page (optional)	>	300.00				
TOTAL This Period (last page this line number	only)					

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Full Name of Individual (Last, First, Middle Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Date of Receipt M	
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution			
Full Name of Individual (Last, First, Middle Giraldo, Alvaro, , , Mailing Address 106 W. Flamingo City	State	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	ТХ		Amount of Each Receipt this Period 100.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle Gomez, Felipe, , Dr., Mailing Address 2401 SE Augusta Square			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX C Occupa physicia Aggregate Yea		Transaction ID: SA11AI.39076 Amount of Each Receipt this Period 50.00 Memo Item contribution	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		·····	250.00	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomez, Felipe, , Dr., Date of Receipt Mailing Address 2401 SE Augusta Square 2017 City Zip Code State Transaction ID: SA11AI.39077 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 2017 City State Zip Code Transaction ID: SA11AI.37977 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 13 2017 City State Zip Code Transaction ID: SA11AI.38413 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pene name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle In Gomez, Juan Pablo, , Dr., Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed	State Zip Code TX 78504 C Occupation (for Individual) physician	Date of Receipt 04		
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle In Gomez, Juan Pablo, , Dr., Mailing Address 113 Canary City McAllen	Date of Receipt M			
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	200.00 Memo Item contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name of Individual (Last, First, Middle In Gomez, Juan Pablo, , Dr., Mailing Address 113 Canary City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39079 Amount of Each Receipt this Period 200.00 Memo Item contribution		
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	1200.00	600.00		
TOTAL This Period (last page this line numbe				

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomez, Marco, , Mr., Date of Receipt Mailing Address 2705 Biltmore 2017 City Zip Code State Transaction ID: SA11AI.39081 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Alfredo, , , Date of Receipt Mailing Address 2305 Monaco Drive 05 15 2017 City State Zip Code Transaction ID: SA11AI.39092 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonzalez, Alfredo, , , Date of Receipt Mailing Address 2305 Monaco Drive 30 2017 City State Zip Code Transaction ID: SA11AI.39095 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Jaime, , , Date of Receipt Mailing Address 3511 Plazas del Lago 03 2017 City Zip Code State Transaction ID: SA11AI.37645 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Jaime, , , Date of Receipt Mailing Address 3511 Plazas del Lago 2017 City State Zip Code Transaction ID: SA11AI.37985 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonzalez, Jaime, , , Date of Receipt Mailing Address 3511 Plazas del Lago 13 2017 City State Zip Code Transaction ID: SA11AI.38429 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using th					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle Ir Gonzalez, Jaime, , , Mailing Address 3511 Plazas del Lago	nitial) or Full Organ	nization Name	Date of Receipt		
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City edinburg	State	Zip Code 78539	Transaction ID : SA11AI.38430		
		10000	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual)	Occupati	ion (for Individual)	Memo Item		
selfemployed	private ir	nvestor	contribution		
Receipt For:	Aggregate Year	r-to-Date ▼			
Primary General Other (specify) ▼	Primary General Other (specify) ▼ 1600.00				
Full Name of Individual (Last, First, Middle Ir Gonzalez, Jaime, , ,	nitial) or Full Organ	nization Name	Date of Receipt		
Mailing Address 3511 Plazas del Lago		7''- 0- '	05 15 2017		
City	State	Zip Code	Transaction ID : SA11AI.39093		
edinburg	1^	78539	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual) selfemployed	Occupati private i	ion (for Individual) nvestor	Memo Item contribution		
Receipt For:	Aggregate Year	r-to-Date ▼			
Primary General Other (specify) ▼		2000.00			
Full Name of Individual (Last, First, Middle Ir Gonzalez, Jaime, , ,	nitial) or Full Organ	nization Name	Date of Receipt		
Mailing Address 3511 Plazas del Lago			06 30 / Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA11AI.39094		
edinburg	TX	78539	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		400.00		
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)				
selfemployed	' '				
Receipt For:	Aggregate Year	r-to-Date ▼			
Primary General Other (specify)		2400.00			
SUBTOTAL of Receipts This Page (optional)		>	1200.00		
TOTAL This Period (last page this line number	r only)				

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC					
Α.	Full Name of Individual (Last, First, Middle Initial Gonzalez, Mark, , Dr., Mailing Address 2405 Dorado Drive	al) or Full Orga	anization Name	Date of Receipt			
	City	State	Zip Code	05 15 2017 Transaction ID : SA11AI.39096			
	Mission	TX	78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) Self employed	Occupa physic	ation (for Individual) ian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00				
В.	Full Name of Individual (Last, First, Middle Initia Gonzalez, Mark, , Dr.,	anization Name	Date of Receipt				
	Mailing Address 2405 Dorado Drive	06 30 2017					
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39097 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) Self employed	Occupa	ation (for Individual) ian	Memo Item contribution			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300,00				
<u> </u>	Full Name of Individual (Last, First, Middle Initial Gordon, Verley, , ,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 1700 E. Mile 3 Road			01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.37648 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution			
	Receipt For: Primary General	Aggregate Ye					
	Other (specify)		250.00				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			350.00			

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 2017 City State Zip Code Transaction ID: SA11AI.37987 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 2017 City State Zip Code Transaction ID: SA11AI.38433 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gordon, Verley, , , Date of Receipt Mailing Address 1700 E. Mile 3 Road 14 2017 City State Zip Code Transaction ID: SA11AI.38434 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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			any person for the purpose of soliciting nmittee to solicit contributions from such	
NAME OF COMMITTEE (IN BORDER HEALTH	,			
Gordon, Verley, , ,	et, First, Middle Initial) or Full (Organization Name	Date of Receipt	
Mailing Address 1700 E. Mil	e 3 Road		05 15	2017
City	State	Zip Code	Transaction ID : SA11AI.3	39098
mission	TX	78574	Amount of Each Receipt thi	s Period
FEC ID number of contribut federal political committee.				250.00
Name of Employer (for Indiv	, , , , , , , , , , , , , , , , , , ,	cupation (for Individual) ysician	Memo Item	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1250.00	0	
Full Name of Individual (Las Gordon, Verley, , , Mailing Address 1700 E. Mil	st, First, Middle Initial) or Full (Date of Receipt		
Maining Address 1700 E. Will	e 3 Rodu	06 30	2017	
City	State	Zip Code	Transaction ID : SA11AI.3	
mission	TX	78574	Amount of Each Receipt thi	s Period
FEC ID number of contribut federal political committee.	C			250.00
Name of Employer (for Indiselfemployed	′	cupation (for Individual) ysician	Memo Item contribution	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1500.00	00	
Full Name of Individual (Last Griego, Enrique, , ,	et, First, Middle Initial) or Full (Organization Name	Date of Receipt	
Mailing Address 905 Inspire	atin Drive			2017
City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.3	
FEC ID number of contribut federal political committee.			Amount of Each Receipt thi	400.00
Name of Employer (for Indiviselfemployed	′	cupation (for Individual)	Memo Item contribution	
Receipt For: Primary Gen Other (specify)		e Year-to-Date ▼ 400.00	00	
SUBTOTAL of Receipts This	Page (optional)			900.00
TOTAL This Period (last page	this line number only)			

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38435 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt M M J 2017 Transaction ID: SA11AI.39100 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle II Griego, Enrique, , , Mailing Address 905 Inspiratin Drive City pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M / 30 / 2017 Transaction ID: SA11Al.39101 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Guajardo, Maria Ruby, , Dr., Mailing Address 2603 Santa Laura City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional)	<u> </u>	850.00
TOTAL This Period (last page this line numbe	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Guajardo, Maria Ruby, , Dr., Mailing Address 2603 Santa Laura	al) or Full Orga	anization Name	Date of Receipt						
	City	Ctoto	Zin Codo	06 30 2017						
	City Mission	State	Zip Code 78572	Transaction ID : SA11AI.39103 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00							
В.	Full Name of Individual (Last, First, Middle Initia Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	Date of Receipt								
	City	State	Zip Code	01 03 2017						
	edinburg	TX	78541	Transaction ID : SA11AI.37653 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	250.00								
	Name of Employer (for Individual) selfemployed	Memo Item contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00							
С .	Full Name of Individual (Last, First, Middle Initial Guerra, Marcy, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 13337 Borolo Drive			02 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.37991 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)									
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			550.00						

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	al) or Full Orga	anization Name	Date of Receipt 03 13 2017						
	City	State	Zip Code	Transaction ID : SA11AI.38441						
	edinburg	TX	78541	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 750.00							
В.	Full Name of Individual (Last, First, Middle Initional Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	Date of Receipt								
	Cit.	04 14 2017								
	City edinburg	State	Zip Code 78541	Transaction ID : SA11AI.38442 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	250.00								
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00							
С .	Full Name of Individual (Last, First, Middle Initial Guerra, Marcy, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 13337 Borolo Drive			05 15 2017						
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.39106 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify)									
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	750.00						

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	nd Statements may not be sold or used by any pe the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 13337 Borolo Drive		06 30 2017			
City	State Zip Code	Transaction ID : SA11AI.39107			
edinburg	TX 78541	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name of Individual (Last, First, Middle Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin	e Initial) or Full Organization Name	Date of Receipt			
011	12: 0	01 03 2017			
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.37655			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name of Individual (Last, First, Middle C. Gutierrez, Alberto, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6020 Wisconsin		02 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.37993			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional)	750.00			
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , , Mailing Address 6020 Wisconsin	nitial) or Full Orga	anization Name	Date of Receipt				
Other		7:- 0-1-	03 13 2017				
City edinburg	State	Zip Code 78539	Transaction ID : SA11AI.38445				
	17	10009	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual)	selfemployed physician						
Receipt For:	Aggregate Ye	ear-to-Date ▼					
Primary General Other (specify) ▼		750.00					
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 6020 Wisconsin	le: ·		04 14 2017				
City	State	Zip Code	Transaction ID : SA11AI.38446				
edinburg	TX	78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second						
Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
Receipt For:	Aggregate Ye	ear-to-Date ▼					
Primary General Other (specify) ▼		1000.00					
Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 6020 Wisconsin			05 15 2017				
City	State	Zip Code	Transaction ID : SA11AI.39110				
edinburg	TX	78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual)		ation (for Individual)	Memo Item				
selfemployed Receipt For:	physici		contribution				
Primary General	Aggregate Ye	ear-to-Date ▼					
Other (specify)	4	1250.00					
SUBTOTAL of Receipts This Page (optional)		·····	750.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC						
Α.	Full Name of Individual (Last, First, Middle Initi Gutierrez, Alberto, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 6020 Wisconsin			06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.39111				
	edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer (for Individual)	Memo Item						
	selfemployed	physi	cian	contribution				
	Receipt For: Primary General Other (specify) ▼	eipt For: Aggregate Year-to-Date ▼ Primary General						
— В.	Full Name of Individual (Last, First, Middle Initi Gutierrez, Marco, , ,	Date of Receipt						
	Mailing Address 511 N. Depot Road	01 03 2017						
	City	State	Zip Code	Transaction ID : SA11AI.37656				
	edinburg	TX	78541	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution				
	Receipt For:	Aggregate Y	∕ear-to-Date ▼					
	Primary General Other (specify) ▼							
	Full Name of Individual (Last, First, Middle Initi Gutierrez, Marco, , ,	al) or Full Org	ganization Name	Date of Receipt				
•	Mailing Address 511 N. Depot Road			02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.37994				
	edinburg	TX	78541	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual)		pation (for Individual)	Memo Item contribution				
	selfemployed Receipt For:	physic						
	Primary General	Aggregate Y	'ear-to-Date ▼					
	Other (specify)							
s	SUBTOTAL of Receipts This Page (optional)		····	1050.00				
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX Zip Code 78541 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 13 2017 Transaction ID: SA11AI.38447 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) State Middle In Gutier Individual)	State TX Zip Code 78541 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , , Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78541 C Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line numbe	r only)	

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(check only one)										
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name of Individual (Last, First, Middle Gutierrez, Marco, , , Mailing Address 511 N. Depot Road	Initial) or Full Organiza	ation Name	Date of Receipt 06 30 2017		
City	State Z	ip Code	Transaction ID : SA11AI.39113		
edinburg		78541	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ederal political committee.				
Name of Employer (for Individual) selfemployed	selfemployed physician				
Receipt For: Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , , Mailing Address 224 Lindberg	Date of Receipt				
City	01 03 2017 Transaction ID : SA11AI.37657				
mcallen	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) selfemployed	Occupation physician	n (for Individual)	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle Cutierrez, Miguel, , ,	Initial) or Full Organiza	ation Name	Date of Receipt		
Mailing Address 224 Lindberg			02 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City mcallen		ip Code 78501	Transaction ID : SA11AI.37995		
	10	7 0 3 U I	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) selfemployed					
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)			900.00		
TOTAL This Period (last page this line numb	er only)				

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	I Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , , Mailing Address 224 Lindberg City mcallen FEC ID number of contributing	Initial) or Full Organization Name State Zip Code 78501	Date of Receipt M
Receipt For: Primary Other (specify) ▼ Other (specify) ■	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 750.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , , Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	Initial) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) physician	Date of Receipt Mark
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , , Mailing Address 224 Lindberg City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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	ly information copied from such Reports and Stator commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initi-Gutierrez, Miguel, , ,	al) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 224 Lindberg			06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI.39115			
	mcallen	allen TX 78501					
	FEC ID number of contributing federal political committee.	ů .					
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
	selfemployed	physi	ician	contribution			
	Receipt For: Primary General	' '	/ear-to-Date ▼				
	Other (specify) ▼		1500.00				
В.	Full Name of Individual (Last, First, Middle Initi-Guzman, Edwardo, , Dr.,	Date of Receipt					
	Mailing Address 2308 Highway 83 suite f		05 15 2017				
	City	Transaction ID : SA11AI.39118					
	Penitas	TX	78573	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) self-employee	Occu phys	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate \	/ear-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
	Full Name of Individual (Last, First, Middle Initi Guzman, Edwardo, , Dr.,	al) or Full Or	ganization Name	Date of Receipt			
0.	Mailing Address 2308 Highway 83 suite f			06 30 2017			
	City	State	Zip Code	Transaction ID : SA11AI.39119			
	Penitas	TX	78573	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
	self-employee	contribution					
	Receipt For:						
	Primary General Other (specify)		300.00				
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	350.00			
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Haddad, Victor, , , Mailing Address 4008 Burns Drive South City	State Zip Code	Date of Receipt O1 O3 2017 Transaction ID : SA11AI.37660
mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt O2 21 2017 Transaction ID: SA11AI.37998 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Haddad, Victor, , , Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) (check on Detailed Summary Page

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(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Haddad, Victor, , , Date of Receipt Mailing Address 4008 Burns Drive South 2017 City State Zip Code Transaction ID: SA11AI.38456 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Haddad, Victor, , , Date of Receipt Mailing Address 4008 Burns Drive South 05 15 2017 City State Zip Code Transaction ID: SA11AI.39120 TX 78503 mcallen Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician

	1 7 -			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2000.00		
Full Name of Individual (Last, First, Middle Haddad, Victor, , , Mailing Address 4008 Burns Drive South	Initial) or Full Org	ganization Name	Date of Receipt O6 30 2017	
City	State	Zip Code	Transaction ID : SA11AI.39121	
mcallen	TX	78503	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual)			
Receipt For:	Aggregate Y	ear-to-Date ▼		
Primary General Other (specify)	riggiogale	2400.00		
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	Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Helbing, Robert, , , Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee.	Date of Receipt M	
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	demo Item contribution	
Full Name of Individual (Last, First, Middle Helbing, Robert, , , Mailing Address 820 Tamarack City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	Initial) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼	Date of Receipt M M M M M M M M M M M M M M M M M M M
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , , Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 01 03 2017 Transaction ID: SA11AI.37666 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	500.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , , Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Date of Receipt Mark	
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , , Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Self Name of Lastinian (Last, First, Middle	State Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38463 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Hernandez, Ambrosio, , , Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 04
SUBTOTAL of Receipts This Page (optional).	>	1200.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Hernandez, Ambrosio, , , Mailing Address 2000 Dana	al) or Full Org	anization Name	Date of Receipt						
	City	State	Zip Code 78577	05 15 2017 Transaction ID : SA11AI.39128						
	Pharr FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00								
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	elefemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General								
В.	Full Name of Individual (Last, First, Middle Initial Hernandez, Ambrosio, , , Mailing Address 2000 Dana	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City Pharr	Transaction ID : SA11AI.39129								
	FEC ID number of contributing federal political committee.	C	78577	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00							
-	Full Name of Individual (Last, First, Middle Initial Hernandez, Maximiliano, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City	State	Zip Code	01 03 2017 Transaction ID : SA11AI.37665						
	mcallen	TX	78503	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution						
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00							
H	SUBTOTAL of Receipts This Page (optional)			1050.00						

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		tee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name of Individual (Last, First, Middl Hernandez, Maximiliano, , , Mailing Address 301 Byron Nelson Drive								
#40 Villas Jardin		02 21 2017						
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.38004						
	1/ /8503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	500.00							
Full Name of Individual (Last, First, Middl Hernandez, Maximiliano, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	03 13 2017							
City	State Zip Code	Transaction ID : SA11AI.38467						
mcallen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů .							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00							
Full Name of Individual (Last, First, Middl C. Hernandez, Maximiliano, , ,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code TX 78503	Transaction ID : SA11AI.38468						
mcallen	TX 78503	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General		¬						
Other (specify)	1000.00	_						
SUBTOTAL of Receipts This Page (optional	il)	750.00						
TOTAL This Period (last page this line num	nber only)							

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	Statements may not be sold or used by any per ne name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		05 15 2017			
City	State Zip Code	Transaction ID : SA11AI.39132			
mcallen	TX 78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual)	Memo Item				
selfemployed	Occupation (for Individual) physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify) ▼	1250.00				
Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 301 Byron Nelson Drive		M M / D D / Y Y Y Y Y			
#40 Villas Jardin	State 7:- 0-4-	06 30 2017			
City	State Zip Code	Transaction ID : SA11AI.39133			
mcallen	TX 78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
Full Name of Individual (Last, First, Middle In Hoffman, Maria, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 802 Inspiration Road		01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.37877			
pharr	TX 78577	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General					
Other (specify)	250.00				
SUBTOTAL of Receipts This Page (optional)	•	750.00			
TOTAL This Period (last page this line number	r only)				

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be see name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle In Hoffman, Maria, , , Mailing Address 802 Inspiration Road	nitial) or Full Organization	Name	Date of Receipt					
City	Otat -	242	02 21 2017					
City pharr	State Zip C		Transaction ID : SA11AI.38005					
FEC ID number of contributing federal political committee.	C 765		Amount of Each Receipt this Period 250.00					
Name of Employer (for Individual) selfemployed	Occupation (fo physician		Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	500.00							
Full Name of Individual (Last, First, Middle Ir Hoffman, Maria, , , Mailing Address 802 Inspiration Road	nitial) or Full Organization	n Name	Date of Receipt					
City	State Zip C	-	Transaction ID : SA11AI.38469					
pharr	TX 7857	,	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual) selfemployed	Occupation (fo physician	r Individual)	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	tte ▼ 750.00						
Full Name of Individual (Last, First, Middle Ir Hoffman, Maria, , ,	nitial) or Full Organization	Name	Date of Receipt					
Mailing Address 802 Inspiration Road			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip C		Transaction ID : SA11AI.38470					
pharr	/85/	,	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer (for Individual)	Occupation (fo	r Individual)	Memo Item					
selfemployed Receipt For:	physician	40 🔻	contribution					
Primary General Other (specify)	Aggregate Year-to-Da	1000.00						
SUBTOTAL of Receipts This Page (optional)		>	750.00					
TOTAL This Period (last page this line number	only)							

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NAME OF COMMITTEE (in Full)		Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
A. Hoffman, Maria, , Maling Address 802 Inspiration Road City									
Primary General Other (specify) ▼	Α.	Hoffman, Maria, , ,	M = M / D = D / Y = Y = Y						
Name of Employer (for Individual) Docupation (for Individual) physician		•		'					
selfemployed		· · · · · · · · · · · · · · · · · · ·	y III						
Other (specify) ▼ 1250.00 B. Hoffman, Maria, , , Mailing Address 802 Inspiration Road City		selfemployed	physic	ian					
B. Hoffman, Maria, , , Mailing Address 802 Inspiration Road City									
City pharr	В.	Hoffman, Maria, , ,	M = M / D = D / Y = Y = Y						
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) V Aggregate Year-to-Date V Date of Receipt C. Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date V Date of Receipt Transaction ID: SA11AI.39136 Amount of Each Receipt this Period Memo Item contribution Date of Receipt Transaction ID: SA11AI.39136 Amount of Each Receipt this Period Memo Item contribution Substitution Substitution Substitution Aggregate Year-to-Date V Substitution Substi				·	Transaction ID : SA11AI.39135				
selfemployed physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia City State Zip Code Tx 78504 FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Subtrotal of Receipts This Page (optional)		FEC ID number of contributing							
Primary		selfemployed							
C. Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) Subtotal Aggregate Year-to-Date ▼ Subtotal of Receipts This Page (optional). Date of Receipt Mm M / D D / Y 2017 Transaction ID: SA11AI.39136 Amount of Each Receipt this Period Memo Item contribution		Primary General	nary General Aggregate real-to-bate v						
Mailing Address 5600 North Cynthia City	С .		Date of Receipt						
McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) TX 78504 Amount of Each Receipt this Period Footometric period Submount of Each Receipt this Period Footometric period Footometric period Amount of Each Receipt this Period Footometric period Footometric period Footometric period Amount of Each Receipt this Period Footometric period			05 15 2017						
Name of Employer (for Individual) self-employee Receipt For: Primary Other (specify) SUBTOTAL of Receipts This Page (optional). Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00 Memo Item contribution		•							
self-employee Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date 250.00 SUBTOTAL of Receipts This Page (optional) 550.00		ŭ	С		50.00				
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)		self-employee	physici	ian					
SUBTOTAL OF Necelpts Trils Fage (optional)		Primary General							
	H				550.00				

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia	Date of Receipt						
	City	06 30 2017 Transaction ID : SA11AI.39137						
	McAllen	State TX	Zip Code 78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00					
В.	Full Name of Individual (Last, First, Middle Initial Honrubia, Vincent, , , Mailing Address 204 Rio Grande	al) or Full Orga	anization Name	Date of Receipt				
	Otto	01 03 2017						
	City mission	Transaction ID : SA11AI.37668						
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00					
С .	Full Name of Individual (Last, First, Middle Initial Honrubia, Vincent, , ,	Date of Receipt						
	Mailing Address 204 Rio Grande	02 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.38007 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify)	ary General Aggregate real-to-Date •						
H	SUBTOTAL of Receipts This Page (optional)			850.00				

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	nd Statements may not be sold or used by any peg the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC				
Full Name of Individual (Last, First, Middle Honrubia, Vincent, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 204 Rio Grande	03 13 2017				
City	State Zip Code	Transaction ID : SA11AI.38473			
mission	mission TX 78572				
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00				
Full Name of Individual (Last, First, Middle Honrubia, Vincent, , , Mailing Address 204 Rio Grande	e Initial) or Full Organization Name	Date of Receipt			
	Walling Address 204 Rio Grande				
City	Transaction ID : SA11AI.38474				
mission	TX 78572	Amount of Each Receipt this Period			
federal political committee.	FEC ID number of contributing federal political committee.				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1600.00				
Full Name of Individual (Last, First, Middle C. Honrubia, Vincent, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 204 Rio Grande		05 15 2017			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.39138			
FEC ID number of contributing	C	Amount of Each Receipt this Period 400.00			
federal political committee.					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	2000.00				
SUBTOTAL of Receipts This Page (optional	1)	1200.00			
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Honrubia, Vincent, , , Date of Receipt Mailing Address 204 Rio Grande 30 2017 City Zip Code State Transaction ID: SA11AI.39139 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husain, Syed, , Dr., Date of Receipt Mailing Address 7020 N. 1st 13 2017 City State Zip Code Transaction ID: SA11AI.38475 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Husain, Syed, , Dr., Date of Receipt Mailing Address 7020 N. 1st 14 2017 City State Zip Code Transaction ID: SA11AI.38476 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husain, Syed, , Dr., Date of Receipt Mailing Address 7020 N. 1st 15 2017 City Zip Code State Transaction ID: SA11AI.39140 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husain, Syed, , Dr., Date of Receipt Mailing Address 7020 N. 1st 06 2017 City State Zip Code Transaction ID: SA11AI.39141 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Iglesias, Norma, , Dr., Date of Receipt

Mailing Address 712 S. Cage 03 2017 City State Zip Code Transaction ID: SA11AI.37670 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Inglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle Inglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt 13 2017 Transaction ID: SA11Al.38477 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Inglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt M M / 14 2017 Transaction ID: SA11AI.38478 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	1200.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
A. Iglesias, Norma, , Dr., Mailing Address 712 S. Cage City	Mailing Address 712 S. Cage					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 2000.00	Amount of Each Receipt this Period 400.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle In Iglesias, Norma, , Dr., Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code TX 78577 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39143 Amount of Each Receipt this Period 400.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle In Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		Date of Receipt O1 03 2017 Transaction ID: SA11AI.37671 Amount of Each Receipt this Period 400.00 Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	•	1200.00				
TOTAL This Period (last page this line number	r only)					

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	and Statements may not be sold or used by any pering the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name of Individual (Last, First, Midding Address, 3745 S. III Street	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3716 S 'J' Street	02 21 2017					
City	State Zip Code TX 78503	Transaction ID : SA11AI.38010				
McAllen	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Mide 1goa, Jose, E., Dr., Mailing Address 3716 S 'J' Street	dle Initial) or Full Organization Name	Date of Receipt				
	03 13 2017					
City	Transaction ID : SA11AI.38479					
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00					
Full Name of Individual (Last, First, Midd C. Igoa, Jose, E., Dr.,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3716 S 'J' Street		04 14 2017				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.38480				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00					
SUBTOTAL of Receipts This Page (option	nal)	1200.00				
TOTAL This Period (last page this line nu	mber only)					

FOR LINE NUMBER: PAGE 151 OF 358 Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports an or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For:	State TX	Zip Code 78503	Date of Receipt M
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle	e Initial) or Full Organ	2000.00 nization Name	
B. Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For:	State TX C Occupat physicia Aggregate Yea		Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39145 Amount of Each Receipt this Period 400.00 Memo Item contribution
Primary General Other (specify) ▼ Full Name of Individual (Last First Middle)		2400.00	
Full Name of Individual (Last, First, Middle Irigoyen, Fructueso, , Dr., Mailing Address 717 S. 'G' Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State TX	Zip Code 78504	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)	<u>, </u>		850.00

TOTAL This Period (last page this line number only).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Irigoyen, Fructueso, , Dr., Date of Receipt Mailing Address 717 S. 'G' Street 30 2017 City Zip Code State Transaction ID: SA11AI.39147 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jain, Dinesk, , Dr., Date of Receipt Mailing Address 6208 N. Cynthia 05 15 2017 City State Zip Code Transaction ID: SA11AI.39150 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jain, Dinesk, , Dr., Date of Receipt Mailing Address 6208 N. Cynthia 30 2017 City State Zip Code Transaction ID: SA11AI.39151 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 2017 City Zip Code State Transaction ID: SA11AI.38014 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 03 13 2017 City State Zip Code Transaction ID: SA11AI.38487 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 14 2017 City State Zip Code Transaction ID: SA11AI.38488 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 15 2017 City Zip Code State Transaction ID: SA11AI.39152 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jinenez-Flores, Danielle, , Dr., Date of Receipt Mailing Address 4212 Lebanon 06 2017 City State Zip Code Transaction ID: SA11AI.39153 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jordan, Belinda, , Dr., Date of Receipt Mailing Address 2621 Trenton 15 2017 City State Zip Code Transaction ID: SA11AI.39154 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Jordan, Belinda, , Dr., Mailing Address 2621 Trenton City Edinburg FEC ID number of contributing federal political committee.	State Zip Code 78539	Date of Receipt M M M / 30 2017 Transaction ID : SA11AI.39155 Amount of Each Receipt this Period 50.00 Memo Item			
self-employed Receipt For: Primary General Other (specify) ▼	For: Aggregate Year-to-Date ▼ imary General				
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City mcAllen	Date of Receipt O1 03 2017 Transaction ID: SA11Al.37677 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00	Memo Item contributon			
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street City mcAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mark			
SUBTOTAL of Receipts This Page (optional).	>	550.00			
TOTAL This Period (last page this line number	er only)				

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	Statements may not be sold or used by any per le name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name of Individual (Last, First, Middle In Kalaf, Nelson, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street	03 13 2017					
City	State Zip Code	Transaction ID : SA11AI.38493				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contributon				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	750.00					
Full Name of Individual (Last, First, Middle Ir Kalaf, Nelson, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street						
City	State Zip Code	04 14 2017 Transaction ID : SA11AI.38494				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contributon				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street		05 15 2017				
City	State Zip Code	Transaction ID : SA11AI.39158				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	S I					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contributon				
Receipt For:						
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00					
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	750.00				
TOTAL This Period (last page this line number	only)					

federal political committee.

selfemployed

Receipt For:

C.

Primary

Name of Employer (for Individual)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Memo Item

contribution

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kalaf, Nelson, , , Date of Receipt Mailing Address 5401 N. 8th Street 2017 City State Zip Code Transaction ID: SA11AI.39159 mcAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contributon Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kanhere, Gauri, , , Date of Receipt Mailing Address 2548 Palm Circle 01 2017 City State Zip Code Transaction ID: SA11AI.37678 TX 78582 rio grande city Amount of Each Receipt this Period FEC ID number of contributing 250.00

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Other (specify) ▼		250.00	
Full Name of Individual (Last, First, Middle In Kanhere, Gauri, , , Mailing Address 2548 Palm Circle City	State	rganization Name	Date of Receipt 02
rio grande city FEC ID number of contributing federal political committee.	TX C	78582	Transaction ID : SA11AI.38018 Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phys	upation (for Individual) ician Year-to-Date ▼ 500.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)			750.00

Occupation (for Individual)

physician

TOTAL This Period (last page this line number only).....

Aggregate Year-to-Date ▼

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Kanhere, Gauri, , , Mailing Address 2548 Palm Circle	al) or Full Orga	anization Name	Date of Receipt 03						
	City	State	Zip Code	Transaction ID : SA11AI.38495						
	rio grande city	TX	78582	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
	selfemployed	physic	ian	contribution						
	Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V								
В.	Full Name of Individual (Last, First, Middle Initia Kanhere, Gauri, , ,	Date of Receipt								
	Mailing Address 2548 Palm Circle	04 14 2017								
	City	Transaction ID : SA11AI.38496								
	rio grande city	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) iian	Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify) ▼		1000.00							
С .	Full Name of Individual (Last, First, Middle Initial Kanhere, Gauri, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 2548 Palm Circle			05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.39160 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			250.00						
	Name of Employer (for Individual) selfemployed	Memo Item contribution								
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)									
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	750.00						

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	and Statements may not be sold or used by any per g the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middl Kanhere, Gauri, , , Mailing Address 2548 Palm Circle	le Initial) or Full Organization Name	Date of Receipt					
		06 30 2017					
City	State Zip Code TX 78582	Transaction ID : SA11AI.39161 Amount of Each Receipt this Period					
rio grande city	1002						
FEC ID number of contributing federal political committee.	y III						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middl Kaplan, Adolfo, , Dr., Mailing Address 7902 N. 2th Street	Date of Receipt						
		02 21 2017					
City	State Zip Code	Transaction ID : SA11AI.38019					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00						
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7902 N. 2th Street		03 13 2017					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38497					
-	1/0004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	200.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:							
Primary General Other (specify)	600.00						
SUBTOTAL of Receipts This Page (optional	al)	650.00					
TOTAL This Period (last page this line num	nber only)						

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street 14 2017 City Zip Code State Transaction ID: SA11AI.38498 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street 05 15 2017 City State Zip Code Transaction ID: SA11AI.39162 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street 30 2017 City State Zip Code Transaction ID: SA11AI.39163 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Khademi, Kambiz, , Mr., Mailing Address P.O.Box 3422	al) or Full Org	anization Name	Date of Receipt						
	City	Ctata	7in Codo	06 30 2017						
	City McAllen	State	Zip Code 78502	Transaction ID : SA11AI.39165 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	leceipt For: Primary General Aggregate Year-to-Date ▼								
В.	Full Name of Individual (Last, First, Middle Initial Khan, Salman Muhammad, , Dr.,	Date of Receipt								
	Mailing Address 3435 MacQuarie Drive City	05 15 2017								
	Edinburg	Transaction ID : SA11AI.39166 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C ID number of contributing								
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) cian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00							
С .	Full Name of Individual (Last, First, Middle Initia Khan, Salman Muhammad, , Dr.,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 3435 MacQuarie Drive			06 30 2017						
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39167 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	Š		50.00						
	Name of Employer (for Individual) self-employed Occupation (for Individual) physician			Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Other (specify)		300.00							
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	140.00						

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt O1								
Other (specify) Full Name of Individual (Last, First, Middle	250.00									
Kiani, Gholam, , , Mailing Address 213 e. Xenops City mcallen	Date of Receipt Mark									
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	eral political committee.									
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	contribution								
Full Name of Individual (Last, First, Middle Kiani, Gholam, , , Mailing Address 213 e. Xenops	Initial) or Full Organization Name	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y								
City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code 78504 C Occupation (for Individual) physician	Transaction ID : SA11AI.38503 Amount of Each Receipt this Period 250.00 Memo Item								
selfemployed Receipt For: Primary General Other (specify)	contribution									
SUBTOTAL of Receipts This Page (optional)										
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Kiani, Gholam, , , Mailing Address 213 e. Xenops	nitial) or Full Organization Name	Date of Receipt				
		04 14 2017				
City	State Zip Code	Transaction ID : SA11AI.38504				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Indivi	vidual) Memo Item				
selfemployed	physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00				
Full Name of Individual (Last, First, Middle Ir Kiani, Gholam, , ,	I nitial) or Full Organization Name	Date of Receipt				
Mailing Address 213 e. Xenops	·					
City	State Zip Code 78504	Transaction ID : SA11AI.39168				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Indiv	vidual) Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1250.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 213 e. Xenops		06 30 2017				
City	State Zip Code	Transaction ID : SA11AI.39169				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Indivi	•				
selfemployed Receipt For:	physician	contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼	1500.00				
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TOTAL This Period (last page this line number						

selfemployed

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kiker, John, , Mr., Date of Receipt Mailing Address 416 N. 17th Street 15 2017 City Zip Code State Transaction ID: SA11AI.39170 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kiker, John, , Mr., Date of Receipt Mailing Address 416 N. 17th Street 06 2017 City State Zip Code Transaction ID: SA11AI.39171 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Klenz, Mary Elizabeth, , , Date of Receipt Mailing Address 5111 N. 10th Street 21 2017 City State Zip Code Transaction ID: SA11AI.38024 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

SUBTOTAL of Receipts This Page (optional)		_	,	I		,	I	25	0.00]
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300.00

physician

Aggregate Year-to-Date ▼

contribution

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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	vC						
	Full Name of Individual (Last, First, Middle Initial Klenz, Mary Elizabeth, , ,) or Full Orga	nization Name	Date of Receipt				
N	Mailing Address 5111 N. 10th Street			03 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.38507				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing ederal political committee.	С		150.00				
Ī	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
S	selfemployed	physicia	an	contribution				
_	Descint Fam.	Aggregate Yea	ar-to-Date ▼					
	Primary General	.999						
	Other (specify) ▼	<u></u>	450.00					
	Full Name of Individual (Last, First, Middle Initial, Klenz, Mary Elizabeth, , ,) or Full Orga	nization Name	Date of Receipt				
_	Mailing Address 5111 N. 10th Street			M M / D D / Y Y Y Y				
_				04 14 2017				
(City	State	Zip Code	Transaction ID : SA11AI.38508				
1	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing ederal political committee.	С		150.00				
	Name of Employer (for Individual) selfemployed	Occupa physicia	ution (for Individual) an	Memo Item contribution				
F		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼	600.00						
	Full Name of Individual (Last, First, Middle Initial, Klenz, Mary Elizabeth, , ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 5111 N. 10th Street			05 15 2017				
(City	State	Zip Code	Transaction ID : SA11AI.39172				
_	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing rederal political committee.	С		150.00				
-	Name of Employer (for Individue 1)	10.	Alone (for health-later)	Memo Item				
	Name of Employer (for Individual) selfemployed	physicia	tion (for Individual)	contribution				
	Possint For:	1						
•	Primary General	Aggregate Yea	ar-to-Date ▼					
	Other (specify)		750.00					
su	JBTOTAL of Receipts This Page (optional)		>	450.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Klenz, Mary Elizabeth, , , Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt M M / 30 2017 Transaction ID : SA11AI.39173 Amount of Each Receipt this Period 150.00 Memo Item contribution
Full Name of Individual (Last, First, Middle II Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt O1
Full Name of Individual (Last, First, Middle II Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)	>	650.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEI	RAL PAC					
Full Name of Individual (Last, First, Mi Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K	iddle Initial) or Full Organization Name	Date of Receipt				
		03 13 2017				
City	State Zip Code	Transaction ID : SA11AI.38509				
weslaco	TX 78596	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	Contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Mi Kutugata, Jorge, , ,	iddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address Rt 2 Box 522-K	04 14 2017					
City	State Zip Code	Transaction ID : SA11Al.38510				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	Primary General					
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address Rt 2 Box 522-K		05 15 2017				
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.39174				
	78390	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify)	1250.00					
SUBTOTAL of Receipts This Page (option	onal)	750.00				
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39175 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt 05 15 2017 Transaction ID: SA11Al.39178 Amount of Each Receipt this Period 50.00 Memo Item contribution
City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / 30 / 2017 Transaction ID: SA11AI.39179 Amount of Each Receipt this Period 50.00 Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Ledesma, Raul, , Dr., Mailing Address 5508 N. 1st Street City	Initial) or Full Organization Name State Zip Code	Date of Receipt M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
McAllen	TX 78504	Transaction ID : SA11AI.39181
FEC ID number of contributing federal political committee.	Occupation (for Individual)	Amount of Each Receipt this Period
Name of Employer (for Individual)	Memo Item	
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 600.00	contribution
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr., Mailing Address 124 Canary	Date of Receipt 05 15 2017	
City	State Zip Code	Transaction ID : SA11AI.39182
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 124 Canary		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.39183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may no he name and addre	ot be sold or used by any pe ss of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Linebarger, Dale, , , Mailing Address 901 West 9th Street	nitial) or Full Organ	ization Name	Date of Receipt
#405			01 03 2017
City		Zip Code	Transaction ID : SA11AI.37696
austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)	Occupation	on (for Individual)	Memo Item
self-employed	private in	nvestor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I Linebarger, Dale, , , Mailing Address 901 West 9th Street	Date of Receipt		
#405			02 21 2017
City	1	Zip Code	Transaction ID : SA11AI.38034
austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer (for Individual) self-employed	Occupati private ir	on (for Individual) nvestor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle I Linebarger, Dale, , ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 901 West 9th Street #405			03 13 2017
City		Zip Code	Transaction ID : SA11AI.38527
austin	TX	78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)		on (for Individual)	Memo Item
self-employed	private in	vestor	contribution
Receipt For: Primary General Other (specify)	Aggregate Year	t-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	7	-	1200.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street #405 14 2017 City State Zip Code Transaction ID: SA11AI.38528 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street 05 15 2017 #405 City State Zip Code Transaction ID: SA11AI.39192 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Linebarger, Dale, , , Date of Receipt Mailing Address 901 West 9th Street 30 2017 #405 City State Zip Code Transaction ID: SA11AI.39193 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt 13 2017 Transaction ID: SA11AI.38529 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / 2017 Transaction ID: SA11Al.39194 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	300.00
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C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Linsangan, Linette, , Dr., Date of Receipt Mailing Address 105 E. Yellowhammer 30 2017 City State Zip Code Transaction ID: SA11AI.39195 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 03 13 2017 E. Yellowhammer City State Zip Code Transaction ID: SA11AI.38539 TX 78504 McAllen Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00

Care (openly) V	-	4 14	
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105 E. Yellowhammer City	Date of Receipt M M M 14 2017 Transaction ID: SA11AI.38540		
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00		
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Self employed	physicia	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 400.00	
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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not e name and addres	be sold or used by any pe s of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr., Mailing Address 105	nitial) or Full Organiz	zation Name	Date of Receipt				
E. Yellowhammer			05 15 2017				
City		Zip Code	Transaction ID : SA11AI.39202				
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual)	Occupatio	n (for Individual)	Memo Item				
Self employed	physician		contribution				
Receipt For:	Aggregate Year-	to-Date ▼	1				
Primary General Other (specify) ▼	7.55.554.6 1541	500.00					
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr.,	Date of Receipt						
Mailing Address 105			06 30 2017				
E. Yellowhammer City	State 2	Zip Code					
McAllen	TX	78504	Transaction ID : SA11AI.39203 Amount of Each Receipt this Period				
	1	10007	Amount of Each necept this Period				
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Self employed	Occupation physician	on (for Individual)	Memo Item contribution				
Receipt For:	Aggregate Year-	to-Date ▼					
Primary General Other (specify) ▼	4	600.00					
Full Name of Individual (Last, First, Middle In Lopez, Alfredo, , ,	nitial) or Full Organiz	zation Name	Date of Receipt				
Mailing Address 7609 N. 24th Circle			03 13 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City		Zip Code	Transaction ID : SA11AI.38543				
mcallen	1^	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual)	Occupatio	n (for Individual)	Memo Item				
selfemployed	physician		contribution				
Receipt For:	Aggregate Year-	to-Date ▼					
Primary General	· · · · ·						
Other (specify)		300.00					
SUBTOTAL of Receipts This Page (optional)		·····	300.00				
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 14 2017 City State Zip Code Transaction ID: SA11AI.38544 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 15 2017 City State Zip Code Transaction ID: SA11AI.39206 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Lopez, Alfredo, , , Date of Receipt Mailing Address 7609 N. 24th Circle 30 2017 City State Zip Code Transaction ID: SA11AI.39207 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt 01 03 2017 Transaction ID : SA11AI.37708 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle In Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Cartest Middle In Manging Individual)	State TX Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt Max
Full Name of Individual (Last, First, Middle In Mangi, Salil, , , Mailing Address 3801 Sundown Court East City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line numbe	r only)	

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	ports and Statements may not be sold or used by any per an using the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					
Mangi, Salil, , , Mailing Address 3801 Sundown Co City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt O4 14 2017 Transaction ID: SA11Al.38554 Amount of Each Receipt this Period 250.00 Memo Item contribution			
Full Name of Individual (Last, First Mangi, Salil, , , Mailing Address 3801 Sundown Co City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	t, Middle Initial) or Full Organization Name	Date of Receipt 05 15 2017 Transaction ID: SA11Al.39216 Amount of Each Receipt this Period 250.00 Memo Item contribution			
Full Name of Individual (Last, First Mangi, Salil, , , Mailing Address 3801 Sundown Co City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39217 Amount of Each Receipt this Period 250.00 Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	750.00			
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	ny information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Mangoo-Karim, Roberto, M., Dr.,	Date of Receipt 02 21 2017					
	Mailing Address 3817 Sundown Ct						
	City	State	Zip Code	Transaction ID : SA11AI.38047			
	McAllen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		125.00			
	Name of Employer (for Individual)	Occui	pation (for Individual)	Memo Item			
	selfemployed	contribution					
	Receipt For:						
	Primary General	Aggregate Y					
	Other (specify) ▼		250.00				
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Mangoo-Karim, Roberto, M., Dr.,			Date of Receipt			
	Mailing Address 3817 Sundown Ct	03 13 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38555			
	McAllen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		125.00			
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate \	/ear-to-Date ▼				
	Primary General Other (specify) ▼		375.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Date of Receipt						
	Mailing Address 3817 Sundown Ct	04 14 2017					
	City	State	Zip Code	Transaction ID : SA11AI.38556			
	McAllen	TX	78503	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		125.00			
	Name of Employer (for Individual)	Memo Item					
	selfemployed	physic	pation (for Individual) cian	contribution			
	Receipt For:	1	/ear-to-Date ▼	1			
	Primary General	Aggregate	real to Bate 7				
	Other (specify)	<u> </u>	500.00				
s	SUBTOTAL of Receipts This Page (optional)		····	375.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name of Individual (Last, First, Middle Mangoo-Karim, Roberto, M., Dr., Mailing Address 3817 Sundown Ct City McAllen	Initial) or Full Organization Name State Zip Code TX 78503	Date of Receipt M		
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 625.00	Memo Item contribution		
Full Name of Individual (Last, First, Middle Mangoo-Karim, Roberto, M., Dr., Mailing Address 3817 Sundown Ct City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39219 Amount of Each Receipt this Period 125.00 Memo Item contribution		
Full Name of Individual (Last, First, Middle Manrique, Carlos, , , Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt O1 03 2017 Transaction ID: SA11AI.37710 Amount of Each Receipt this Period 400.00 Memo Item contribution		
	>	650.00		
TOTAL This Period (last page this line number	er only)			

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 2017 City Zip Code State Transaction ID: SA11AI.38048 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 2017 City State Zip Code Transaction ID: SA11AI.38557 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 14 2017 City State Zip Code Transaction ID: SA11AI.38558 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	s and Statements may not be sold or used by any per sing the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Full Name of Individual (Last, First, Mid Manrique, Carlos, , ,	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 116 Cardinal		05 15 2017				
City	State Zip Code	Transaction ID : SA11AI.39220				
mcallen	TX 78504	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Mid Manrique, Carlos, , , Mailing Address 116 Cardinal	ddle Initial) or Full Organization Name	Date of Receipt				
	06 30 2017					
City	State Zip Code	Transaction ID : SA11AI.39221				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	eceipt For: Aggregate Year-to-Date ▼ Primary General					
Full Name of Individual (Last, First, Mid C. Marquez, Guillermo, , ,	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1702 Trinity Road		01 03 2017				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.37711				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00					
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , , Mailing Address 1702 Trinity Road	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	02 21 2017 Transaction ID : SA11AI.38049						
	FEC ID number of contributing federal political committee.	C	78572	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Memo Item contribution								
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1702 Trinity Road City	03 13 2017 Transaction ID : SA11AI.38559								
	mission FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00								
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00							
С .	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1702 Trinity Road			04 / 14 / 2017						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.38560 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupa physici Aggregate Ye		Memo Item contribution						
H	SUBTOTAL of Receipts This Page (optional)		>	1200.00						

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Marquez, Guillermo, , , Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt Mark	
Full Name of Individual (Last, First, Middle II Marquez, Guillermo, , , Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) This is the self-self.	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M
Full Name of Individual (Last, First, Middle In Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	1200.00
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	d Statements may not be sold or used by any per the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code 78504 C Occupation (for Individual)	Date of Receipt 02 21 2017 Transaction ID : SA11AI.38050 Amount of Each Receipt this Period 400.00 Memo Item contribution					
Receipt For: Primary General Other (specify)	Primary General						
Full Name of Individual (Last, First, Middle Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee.	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38561 Amount of Each Receipt this Period 400.00						
Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1200.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 04 14 2017 Transaction ID: SA11AI.38562 Amount of Each Receipt this Period 400.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional).	>	1200.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC				
Full Name of Individual (Last, First, Middle Ini Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane	itial) or Full Organization Name	Date of Receipt			
City	State Zip Code	05 15 2017 Transaction ID : SA11AI.39224			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name of Individual (Last, First, Middle Ini Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane	Date of Receipt				
	0	06 30 2017			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.39225 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 78304	400.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00				
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt			
Mailing Address 1903 W. Smith		01 03 2017			
City	State Zip Code TX 78539	Transaction ID : SA11AI.37713			
edinburg FEC ID number of contributing federal political committee.	C 78539	Amount of Each Receipt this Period 400.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00				
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold e name and address of any p	or used by any person for the purpolitical committee to solicit contri	rpose of soliciting contributions ibutions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name of Individual (Last, First, Middle Ir Martinez, Ricardo, , , Mailing Address 1903 W. Smith	nitial) or Full Organization Nar	Date of R	Receipt						
		02	21 2017						
City	State Zip Code TX 78539		etion ID : SA11AI.38051						
edinburg	TX 78539	Amount o	_ Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		400.00						
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)								
selfemployed	physician	contribution	า						
Receipt For: Primary General Other (specify) ▼	800.00								
Full Name of Individual (Last, First, Middle Ir Martinez, Ricardo, , ,	nitial) or Full Organization Nar	ne Date of R	Receipt						
Mailing Address 1903 W. Smith	03	13 / 2017							
City edinburg	State Zip Code 78539		tion ID : SA11AI.38563						
FEC ID number of contributing federal political committee.	C 78539	Amount o	f Each Receipt this Period 400.00						
Name of Employer (for Individual) selfemployed	Occupation (for Ind	vidual) Mem	no Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1200.00							
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Nar	ne Date of R	Receipt						
Mailing Address 1903 W. Smith		04	·						
City edinburg	State Zip Code TX 78539		ction ID : SA11AI.38564						
	10009	Amount o	f Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		400.00						
Name of Employer (for Individual)	Occupation (for Ind	viduai)	no Item						
selfemployed Receipt For:	physician	contribution	П						
Primary General Other (specify)	Aggregate Year-to-Date ▼	1600.00							
SUBTOTAL of Receipts This Page (optional)			1200.00						
TOTAL This Period (last page this line number									

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi-Martinez, Ricardo, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 1903 W. Smith			05 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.39226				
	edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	selfemployed	physi	ician	contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 2000.00					
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 1903 W. Smith			06 30 / Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.39227				
	edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution				
	Receipt For:	Aggregate \	Year-to-Date ▼					
	Primary General Other (specify) ▼		2400.00					
<u>С</u>	Full Name of Individual (Last, First, Middle Initi Martinez, Robert, , Dr.,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 2809 Santa Lydia			03 13 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38565				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	self-employee	physi	cian	contribution				
	Receipt For:	Aggregate \	Year-to-Date ▼					
	Primary General Other (specify)		300.00					
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	900.00				

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	Statements may not be sold or used by any pe he name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Martinez, Robert, , Dr., Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M M M / 14 2017 Transaction ID : SA11AI.38566 Amount of Each Receipt this Period					
Receipt For: Primary Other (specify) ▼ Name of Employer (for Individual) Self-employee Receipt For: General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle I Martinez, Robert, , Dr., Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Mailing Address 2809 Santa Lydia City Mission State TX 78572 FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle I Martinez, Robert, , Dr., Mailing Address 2809 Santa Lydia City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 600.00	Date of Receipt Mod 30 2017 Transaction ID: SA11AI.39229 Amount of Each Receipt this Period 100.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	>	300.00					
TOTAL This Period (last page this line number	er only)						

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Mata, Israel, , Dr., Mailing Address 2601 Lakeshore Drive City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	Date of Receipt M	
Primary General Other (specify) ▼ Full Name of Individual (Last First Middle I	250.00	
Full Name of Individual (Last, First, Middle I Mata, Israel, , Dr., Mailing Address 2601 Lakeshore Drive City Edinburg	State Zip Code TX 78539	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 300.00	contributon
Full Name of Individual (Last, First, Middle I Mata, Nelson, , Dr., Mailing Address 1705 Palazzo	Initial) or Full Organization Name	Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78572	Transaction ID : SA11AI.38570 Amount of Each Receipt this Period 100.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	\	200.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Midd Mata, Nelson, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		04 14 2017
City	State Zip Code	Transaction ID : SA11AI.38571
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Midd Mata, Nelson, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo	Out. To Out.	05 15 Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.39232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code 78572	Transaction ID : SA11AI.39233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)	300.00
TOTAL This Period (last page this line nur	nber only)	

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An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ay n	not be sold or used by any pe	rsor	for the	purpo	ose of	soliciting	g contrib	utions ttee	
<u>ټ</u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P			see of any pointed committee		23.101.1001						
Α.	Full Name of Individual (Last, First, Middle Initi- Media, Javier, , Dr.,	al) or Full O)rgai	nization Name		Date of Receipt						
	Mailing Address 3601 Oakwood Lane					05 15 2017						
	City	State		Zip Code	L	Trans	actic	n ID :	SA11AI	.39238		
	Mission	TX		78573	_	Amount	of E	Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С	_						-	50	.00	
	Name of Employer (for Individual)	Occi	upat	tion (for Individual)	\dashv	Me	emo	Item				
	selfemployed	phys	•	,		contribut	ion					
	Receipt For:	1		ar-to-Date ▼	\dashv							
	Primary General	riggrogato	100	i to Buto .								
	Other (specify) ▼		7	250.00								
В.	Full Name of Individual (Last, First, Middle Initi Media, Javier, , $Dr.$,	al) or Full O)rgai	nization Name		Date of	Rec	eipt				
	Mailing Address 3601 Oakwood Lane					M M M	/	30) / Y	2017	Y	
	City	State		Zip Code	l	Trans	actio	n ID :	SA11AI.	39239		
	Mission	TX		78573		Amount	of E	Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) selfemployed	Occ	•	tion (for Individual) an		Me contributi	emo ion	Item				
	Receipt For:	Aggregate	Yea	ar-to-Date ▼	\neg							
	Primary General Other (specify) ▼	33 13 11										
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O)rgai	nization Name	+	- · ·						
C.	Medina, Bertha, , , Mailing Address 1300 1 1/2 Street					Date of		elpt 03		2017	Y	
	City	State		Zip Code	7	Trans	actio	on ID :	SA11AI	.37720		
	mcallen	TX		78501		Amount	of E	Each F	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С						, .	,	400	-	
	Name of Employer (for Individual) selfemployed	Occu	•	tion (for Individual)		Me		Item				
	Receipt For: Primary General Other (specify)	Aggregate										
S	UBTOTAL of Receipts This Page (optional)			>						500	.00	
T.	OTAL This Period (last page this line number o	nlv)										

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mid Medina, Bertha, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1300 1 1/2 Street		02 21 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.38058
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For:	physician	contribution
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00	
Full Name of Individual (Last, First, Mid 3. Medina, Bertha, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1300 1 1/2 Street		03 13 2017
City	State Zip Code	Transaction ID : SA11AI.38578
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200,00	
Full Name of Individual (Last, First, Mic C. Medina, Bertha, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1300 1 1/2 Street		04 14 2017
City	State Zip Code	Transaction ID : SA11AI.38579
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual)	Memo Item contribution
Receipt For:	physician Aggregate Year-to-Date ▼	- Contribution
Primary General		
Other (specify)	1600.00	
SUBTOTAL of Receipts This Page (optio	nal)	1200.00
TOTAL This Period (last page this line no	umber only)	1 1 40 1 1 40 1 1 40 1

Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	NA 11 D 41									
		T -	I	05 15 2017						
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.39240						
			76301	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item						
	selfemployed	physic	ian	contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00							
В.	Full Name of Individual (Last, First, Middle Initia Medina, Bertha, , ,	Date of Receipt								
	Mailing Address 1300 1 1/2 Street	06 30 2017								
	City	State	Zip Code	Transaction ID : SA11AI.39241						
	mcallen	1/	78501	Amount of Each Receipt this Period						
	federal political committee.	EC ID number of contributing derail political committee.								
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution						
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify) ▼	4	2400.00							
С .	Full Name of Individual (Last, First, Middle Initial Medina, Camen Martha, , Ms,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 509 E. Yucca			05 15 2017						
	City	State	Zip Code	Transaction ID : SA11AI.39242						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) ian	Memo Item contribution						
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)		250.00							
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			850.00						

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC						
Α.	Full Name of Individual (Last, First, Middle Initi Medina, Camen Martha, , Ms,	Date of Receipt						
	Mailing Address 509 E. Yucca			06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.39243				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	self-employed	physic	cian	contribution				
	Receipt For:	1.,						
	Primary General	Aggregate Yo	ear-to-Date ▼					
	Other (specify) ▼		300.00					
В.	Full Name of Individual (Last, First, Middle Initi Mego, Carlos, , Dr.,	Date of Receipt						
	Mailing Address 602 McColl Circle	- <u> </u>						
	Maining Address 602 MicColl Circle	01 03 2017						
	City	State	Zip Code					
	McAllen	TX	78501	Transaction ID : SA11AI.37722				
	WCAllett	17	78301	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employed	Occup physic	oation (for Individual) cian	Memo Item contribution				
	Receipt For:	Aggregate Y	ear-to-Date ▼					
	Primary General	00 0						
	Other (specify) ▼	4	400.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Mego, Carlos, , Dr.,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 602 McColl Circle			02 21 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38060				
	McAllen	TX	78501	Amount of Each Receipt this Period				
	FEO.ID 1 (111 III			Amount of Each floodpt this Forloa				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	self-employed	physic	cian	contribution				
	Receipt For:	1: -		†				
	Primary General	Aggregate 10	ear-to-Date ▼					
	Other (specify)		800.00					
s	SUBTOTAL of Receipts This Page (optional)		>	850.00				
Т	OTAL This Period (last page this line number o	only)						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Mego, Carlos, , Dr., Mailing Address 602 McColl Circle	Date of Receipt		
City		Code	03 13 2017
City McAllen		Code 8501	Transaction ID : SA11AI.38582
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed Receipt For:	physician	(for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle I Mego, Carlos, , Dr., Mailing Address 602 McColl Circle	nitial) or Full Organizat	ion Name	Date of Receipt
City McAllen		Code 8501	04 14 2017 Transaction ID : SA11AI.38583 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation physician	(for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1600.00	
Full Name of Individual (Last, First, Middle I Mego, Carlos, , Dr.,	nitial) or Full Organizat	ion Name	Date of Receipt
Mailing Address 602 McColl Circle			05 15 2017
City McAllen	1 '	Code 3501	Transaction ID : SA11AI.39244
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation physician	(for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-	Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			1200.00
TOTAL This Period (last page this line numbe	r only).		

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not ne name and addres	t be sold or used by any pe ss of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Mego, Carlos, , Dr., Mailing Address 602 McColl Circle	Date of Receipt		
City	State	Zip Code	06 30 2017
McAllen	TX	78501	Transaction ID : SA11AI.39245 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) self-employed	Occupation physician	on (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	-to-Date ▼ 2400.00	
Full Name of Individual (Last, First, Middle II Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road	nitial) or Full Organi:	zation Name	Date of Receipt
			03 13 2017
City	State Z	Zip Code 78504	Transaction ID : SA11AI.38584
McAllen FEC ID number of contributing federal political committee.	C	70004	Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	-to-Date ▼ 270,00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Organi.	zation Name	Date of Receipt
Mailing Address 7120 Ware Road			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Z	Zip Code 78504	Transaction ID : SA11AI.38585
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) selfemployed	Occupation physician	on (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-		
SUBTOTAL of Receipts This Page (optional)		>	580.00
TOTAL This Period (last page this line numbe			

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt 05 15 2017 Transaction ID: SA11AI.39246 Amount of Each Receipt this Period 90.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 540.00	Date of Receipt 06 30 2017 Transaction ID: SA11Al.39247 Amount of Each Receipt this Period 90.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt O1
SUBTOTAL of Receipts This Page (optional)	>	430.00
TOTAL This Period (last page this line number	er only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mercado, Manuel,,, Date of Receipt Mailing Address 3002 Santa Susana 2017 City Zip Code State Transaction ID: SA11AI.38064 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mercado, Manuel, , , Date of Receipt Mailing Address 3002 Santa Susana 2017 City State Zip Code Transaction ID: SA11AI.38590 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mercado, Manuel, , , Date of Receipt Mailing Address 3002 Santa Susana 14 2017 City State Zip Code Transaction ID: SA11AI.38591 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per he name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M						
Receipt For: Primary Other (specify) ▼ Name of Employer (for Individual) Selfemployed Receipt For: General	e of Employer (for Individual) mployed ipt For: Primary General Occupation (for Individual) physician Aggregate Year-to-Date ▼							
Full Name of Individual (Last, First, Middle In Mercado, Manuel, , , Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39253 Amount of Each Receipt this Period 250.00 Memo Item contribution						
Full Name of Individual (Last, First, Middle Meyer, Scott, , , Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) private investor Aggregate Year-to-Date 210.00	Date of Receipt Mo6 30 2017 Transaction ID: SA11AI.39255 Amount of Each Receipt this Period 35.00 Memo Item contribution						
, , ,	<u> </u>	535.00						
TOTAL This Period (last page this line number	er only)							

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	AAN EN B									
	City	State	Zin Codo	03 13 2017						
	McAllen	TX	Zip Code 78504	Transaction ID : SA11AI.38594 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual)		ation (for Individual)	Memo Item						
	selfemployed Receipt For:	private	investor	contribution						
	Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V								
В.	Full Name of Individual (Last, First, Middle Initia Milano, Emil, , Dr.,	anization Name	Date of Receipt							
	Mailing Address 225 E. Cornell	04 14 2017								
	City	State	Zip Code	Transaction ID : SA11AI.38595						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00							
С .	Full Name of Individual (Last, First, Middle Initia Milano, Emil, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 225 E. Cornell			05 15 2017						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39256 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution						
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)	7	500.00							
H	SUBTOTAL of Receipts This Page (optional)			300.00						

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Milano, Emil, , Dr., Date of Receipt Mailing Address 225 E. Cornell 30 2017 City Zip Code State Transaction ID: SA11AI.39257 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohamed, Carlos, N, , Jr. Date of Receipt Mailing Address 2821 Michael Angelo 13 2017 City State Zip Code Transaction ID: SA11AI.38598 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Carlos, N., Jr. Date of Receipt Mailing Address 2821 Michael Angelo 04 14 2017 City State Zip Code Transaction ID: SA11AI.38599 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi-Mohamed, Carlos, N, , Jr.	al) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 2821 Michael Angelo		_	05 15 2017						
	City	State	Zip Code	Transaction ID : SA11AI.39260						
	Edinburg	TX	78539	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item						
	self-employed	physi	cian	contribution						
	Receipt For: Primary General Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Mohamed, Carlos, N, , Jr.	Date of Receipt								
	Mailing Address 2821 Michael Angelo	State	Zip Code	06 30 2017						
	City	Transaction ID : SA11AI.39261								
	Edinburg	TX	78539	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		100.00							
	Name of Employer (for Individual) self-employed	Occup physi	pation (for Individual) ician	Memo Item contribution						
	Receipt For:	Aggregate Y	∕ear-to-Date ▼							
	Primary General Other (specify) ▼		600.00							
<u>С</u>	Full Name of Individual (Last, First, Middle Initi Mohamed, Samira, T., Dr.,	al) or Full Orç	ganization Name	Date of Receipt						
	Mailing Address 324 Heron			05 15 2017						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39262						
	Wichieff	170	70304	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Memo Item								
	selfemployed	contribution								
	Receipt For:									
	Primary General Other (specify)		250.00							
s	SUBTOTAL of Receipts This Page (optional)		<u> </u>	250.00						
Т	OTAL This Period (last page this line number o	nly)								

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Mohamed, Samira, T., Dr., Mailing Address 324 Heron	nitial) or Full Orga	nization Name	Date of Receipt			
O't.		7:0	06 30 2017			
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39263			
	1/	70004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů III					
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
selfemployed	physicia	an	contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General Other (specify) ▼		300.00				
Full Name of Individual (Last, First, Middle In Mohme, Ruben, , Dr.,	nitial) or Full Orga	inization Name	Date of Receipt			
Mailing Address 7309 N. 4th Street	State	Zip Code	03 13 2017			
City	Transaction ID : SA11AI.38602 Amount of Each Receipt this Period					
McAllen	McAllen TX 78504					
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) ian	Memo Item contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General Other (specify) ▼	4	300.00				
Full Name of Individual (Last, First, Middle In Mohme, Ruben, , Dr.,	nitial) or Full Orga	ınization Name	Date of Receipt			
Mailing Address 7309 N. 4th Street			04 14 2017			
City	State	Zip Code	Transaction ID : SA11AI.38603			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual)	Memo Item					
self-employed	physicia	an	contribution			
Receipt For:	Aggregate Yea					
Primary General Other (specify)		400.00				
SUBTOTAL of Receipts This Page (optional)		·····	250.00			
TOTAL This Period (last page this line number	only)					

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mohme, Ruben, , Dr., Date of Receipt Mailing Address 7309 N. 4th Street 15 2017 City Zip Code State Transaction ID: SA11AI.39264 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohme, Ruben, , Dr., Date of Receipt Mailing Address 7309 N. 4th Street 06 2017 City State Zip Code Transaction ID: SA11AI.39265 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moncada, Armando, , Dr., Date of Receipt Mailing Address 1421 North 2nd Street 03 2017 City State Zip Code Transaction ID: SA11AI.37733 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\rangle	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1421 North 2nd Street			02 21 2017				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.38072				
		1/	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	self-employee	physicia	an	contribution				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼	1 1 2	800.00					
3.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1421 North 2nd Street			03 13 2017				
	City	Zip Code	Transaction ID : SA11AI.38604					
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employee	Occupa physici	tion (for Individual) an	Memo Item contribution				
		Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify) ▼		1200.00					
	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 1421 North 2nd Street			04 14 2017				
	City	State	Zip Code	Transaction ID : SA11AI.38605				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual) self-employee	Occupa	tion (for Individual)	Memo Item contribution				
	Possint For:	Aggregate Yea						
	Primary General Other (specify)	nggrogato Tot	1600.00					
s	UBTOTAL of Receipts This Page (optional)		>	1200.00				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Inition Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	al) or Full Org	anization Name	Date of Receipt				
	City	State	Zip Code	05 15 2017 Transaction ID : SA11AI.39266				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) iian	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr., Mailing Address 1421 North 2nd Street	Date of Receipt						
	- Table 2 142 North 2nd Street		Zip Code	06 30 2017				
	City McAllen	Transaction ID : SA11AI.39267						
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual)	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00					
С .	Full Name of Individual (Last, First, Middle Initial Montanez, Guillermo, , Dr.,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 100 S. W. Augusta Square			05 15 2017				
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.39268 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	FEC ID number of contributing						
	Name of Employer (for Individual) Self employed	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00					
H	SUBTOTAL of Receipts This Page (optional)		<u>^</u>	850.00				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Montanez, Guillermo, , Dr., Mailing Address 100 S. W. Augusta Square	nitial) or Full Org	anization Name	Date of Receipt			
-			06 30 2017			
City McAllen	State	Zip Code 78503	Transaction ID : SA11AI.39269			
	1/	10000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
Self employed	physic	ian	contribution			
Receipt For:	Aggregate Ye	ear-to-Date ▼				
Primary General Other (specify) ▼		300.00				
Full Name of Individual (Last, First, Middle In Morales, Carlos, , ,	Date of Receipt					
Mailing Address 3325 Kent Lane	lo: :		01 03 7 9 9 9			
•	City State Zip Code TX 78503					
FEC ID number of contributing federal political committee.	ÿ					
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution			
Receipt For:	Aggregate Ye	ear-to-Date ▼				
Primary General Other (specify) ▼	4	400.00				
Full Name of Individual (Last, First, Middle In Morales, Carlos, , ,	nitial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 3325 Kent Lane			02 21 Y 2017			
City	State	Zip Code	Transaction ID : SA11AI.38074			
mcallen	TX	78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00			
Name of Employer (for Individual)	Memo Item					
selfemployed	remployed physician					
Receipt For:						
Primary General Other (specify)		800.00				
SUBTOTAL of Receipts This Page (optional)		>	850.00			
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Morales, Carlos, , , Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 13 2017 Transaction ID: SA11AI.38608 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Morales, Carlos, , , Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 1600.00	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
Full Name of Individual (Last, First, Middle Morales, Carlos, , , Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78503 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mode
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NAME OF COMMITTE BORDER HEAL	E (In Full) LTH FEDERAL PA	AC .			
/	I (Last, First, Middle Initial Kent Lane htributing ttee. r Individual)	or Full Organ	Zip Code 78503 tion (for Individual)	06 Transaction	30 2017 ID: SA11AI.39271 th Receipt this Period 400.00
Mailing Address 1608 V City mission FEC ID number of confederal political commit Name of Employer (for selfemployed Receipt For: Primary Other (specify)	woods Drive attributing ttee. r Individual) General	State TX C Occupa physicia Aggregate Yea	Zip Code 78572 tion (for Individual) an ar-to-Date ▼ 250.00		03 2017 D: SA11AI.37737 th Receipt this Period 250.00
Full Name of Individua Moreno, Leonel, Mailing Address 1608 City mission FEC ID number of confederal political commit Name of Employer (for selfemployed Receipt For: Primary Other (specify)	Moods Drive Intributing ttee.	State TX	Zip Code 78572 tion (for Individual)	02 Transaction	21 2017 ID: SA11AI.38076 th Receipt this Period 250.00
SUBTOTAL of Receipts	This Page (optional)			<u> </u>	900.00
TOTAL This Period (last	page this line number on	ly)			

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 13 2017 City Zip Code State Transaction ID: SA11AI.38612 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 04 14 2017 City State Zip Code Transaction ID: SA11AI.38613 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 15 2017 City State Zip Code Transaction ID: SA11AI.39274 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive 30 2017 City Zip Code State Transaction ID: SA11AI.39275 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Nandipaty, Sivakumari, , Dr., Date of Receipt Mailing Address 1509 N. Misty Lane 05 15 2017 City State Zip Code Transaction ID: SA11AI.39280 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nandipaty, Sivakumari, , Dr., Date of Receipt Mailing Address 1509 N. Misty Lane 30 2017 City State Zip Code Transaction ID: SA11AI.39281 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle II O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	Date of Receipt 03 13 2017					
City McAllen	City State Zip Code McAllen TX 78504					
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period					
Name of Employer (for Individual) self-employed Receipt For: Primary General	Occupation (for Individual) physician Aggregate Year-to-Date ▼	Memo Item contribution				
Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle II O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	nitial) or Full Organization Name	Date of Receipt 04				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38621 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	100.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 111 NE Augusta Square		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.39282 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	r only)					

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Any information copied from such Reports and or for commercial purposes, other than using						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	Date of Receipt					
	06 30 2017					
City		Zip Code	Transaction ID : SA11AI.39283			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C					
Name of Employer (for Individual)	'	on (for Individual)	Memo Item			
self-employed Receipt For:	physiciar		contribution			
Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼				
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt			
Mailing Address 1901 W. 18th Street	03 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Transaction ID : SA11AI.38622				
Weslaco	TX	78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		Memo Item contribution			
Name of Employer (for Individual) self-employed	Occupation of the physician of the physi	on (for Individual) n				
Receipt For: Primary General	Aggregate Year	-to-Date ▼				
Other (specify) ▼		300.00				
Full Name of Individual (Last, First, Middle C. Ochoa, Alfonso, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt			
Mailing Address 1901 W. 18th Street			04 / 14 2017			
City Weslaco	State	Zip Code 78596	Transaction ID : SA11AI.38623 Amount of Each Receipt this Period			
FEC ID number of contributing			100.00			
federal political committee.	ů –					
Name of Employer (for Individual) self-employed	Occupation physician	on (for Individual)	Memo Item contribution			
Receipt For:	Aggregate Year					
Primary General	Aggregate rear					
Other (specify)		400.00				
SUBTOTAL of Receipts This Page (optional).		>	300.00			
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street	Date of Receipt				
City	05 15 2017				
City Weslaco	State	Zip Code 78596	Transaction ID : SA11AI.39284		
FEC ID number of contributing federal political committee.	C	.0000	Amount of Each Receipt this Period 100.00		
Name of Employer (for Individual) self-employed Receipt For:	physici		Memo Item contribution		
Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00			
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr., Mailing Address 1901 W. 18th Street	Initial) or Full Orga	anization Name	Date of Receipt		
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.39285 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 600.00			
Full Name of Individual (Last, First, Middle Ochoa, Ricardo, , Mr.,	Initial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 2421 N. 'J' Street City	State	Zip Code	03		
McAllen	TX	78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional).			300.00		
TOTAL This Period (last page this line number	er only)				

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 14 2017 City Zip Code State Transaction ID: SA11AI.38627 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 05 15 2017 City State Zip Code Transaction ID: SA11AI.39288 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ochoa, Ricardo, Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 30 2017 City State Zip Code Transaction ID: SA11AI.39289 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using t								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC							
Full Name of Individual (Last, First, Middle I Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa	nitial) or Full Orga	nization Name	Date of Receipt 03 13 2017					
City Mission FEC ID number of contributing federal political committee.	Mission TX 78572 FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupa doctor Aggregate Yea	,	Memo Item contribution					
Full Name of Individual (Last, First, Middle In Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX	Zip Code 78572 ation (for Individual)	Date of Receipt O4 14 2017 Transaction ID: SA11AI.38629 Amount of Each Receipt this Period 100.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle Ogunlana, Victor, , Dr., Mailing Address 2604 Santa Teresa City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State TX	Zip Code 78572	Date of Receipt Mark					
SUBTOTAL of Receipts This Page (optional)			300.00					
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ogunlana, Victor, , Dr., Date of Receipt Mailing Address 2604 Santa Teresa 30 2017 City Zip Code State Transaction ID: SA11AI.39291 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ohabor, Chioma, , Ms, Date of Receipt Mailing Address 6114 05 15 2017 N. 3rd Lane City State Zip Code Transaction ID: SA11AI.39292 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ohabor, Chioma, , Ms, Date of Receipt Mailing Address 6114 30 2017 N. 3rd Lane City State Zip Code Transaction ID: SA11AI.39293 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 13 2017 City Zip Code State Transaction ID: SA11AI.38632 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 04 2017 City State Zip Code Transaction ID: SA11AI.38633 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Olveira, Noel, , Dr., Date of Receipt Mailing Address 9917 Bentsen Road 15 2017 City State Zip Code Transaction ID: SA11AI.39294 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Olveira, Noel, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 9917 Bentsen Road		_	06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.39295
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physic	cian	contribution
	Receipt For: Primary General Other (specify) ▼	1.,	/ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Inition Orfanos, Athanaji, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 3013 Lakeshore Drive			03 13 2017
	City	State	Zip Code	Transaction ID : SA11AI.38634
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed		pation (for Individual) te investor	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name of Individual (Last, First, Middle Initial Orfanos, Athanaji, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 3013 Lakeshore Drive			04 14 2017
	City	State	Zip Code	Transaction ID : SA11AI.38635
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	e investor	contribution	
	Receipt For:	/ear-to-Date ▼	1	
	Primary General	Aggregate	eai-io-bate v	
	Other (specify)		400.00	
s	SUBTOTAL of Receipts This Page (optional)		•	300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Orfanos, Athanaji, , Dr., Mailing Address 3013 Lakeshore Drive	al) or Full Orga	anization Name	Date of Receipt
				05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.39296
	Edinburg	TX	78539	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00		
	Name of Employer (for Individual)	Memo Item		
	selfemployed	private	investor	contribution
	Receipt For: Primary General Other (specify) ▼	ear-to-Date ▼ 500.00		
В.	Full Name of Individual (Last, First, Middle Initia Orfanos, Athanaji, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 3013 Lakeshore Drive	04-4-	7. 0.1.	06 30 / Y Y Y Y Y Y Y
	City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.39297
	FEC ID number of contributing	C	70000	Amount of Each Receipt this Period
	federal political committee.			Memo Item
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify) ▼	,	600.00	
С .	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 5416 N. Cynthia			05 15 2017
	City	State TX	Zip Code	Transaction ID : SA11AI.39298
	McAllen	17	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	1
	Primary General Other (specify)	7	250.00	
H	SUBTOTAL of Receipts This Page (optional)			250.00

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orfanos, John, , Dr., Date of Receipt Mailing Address 5416 N. Cynthia 30 2017 City Zip Code State Transaction ID: SA11AI.39299 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ortiz, Juan, , , Date of Receipt Mailing Address 4501 N. Cynthia 05 15 2017 City State Zip Code Transaction ID: SA11AI.39302 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ortiz, Juan, , , Date of Receipt Mailing Address 4501 N. Cynthia 30 2017 City State Zip Code Transaction ID: SA11AI.39303 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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	ny information copied from such Reports and Stator commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , , Mailing Address 1601 Sebastian Drive	al) or Full Orga	anization Name	Date of Receipt 05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.39304
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual)	Memo Item		
	self-employee	private	e investor	contribution
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1601 Sebastian Drive	10: :	T7: 0 1	06 30 7 2017
	City Mission	State	Zip Code 78572	Transaction ID : SA11AI.39305
	FEC ID number of contributing federal political committee.	C	76372	Amount of Each Receipt this Period 50.00
	Name of Employer (for Individual) self-employee		ation (for Individual) e investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
С .	Full Name of Individual (Last, First, Middle Initial Otero, Fernando, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 121 E. Quamasia #148			01 03 2017
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.37753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For:	ear-to-Date ▼		
	Primary General Other (specify)		400.00	
H	SUBTOTAL of Receipts This Page (optional)			500.00

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	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Otero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 121 E. Quamasia #148		02 21 2017
City	State Zip Code	Transaction ID : SA11AI.38092
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle Otero, Fernando, , , Mailing Address 121 E. Quamasia	e Initial) or Full Organization Name	Date of Receipt
#148 City	State Zip Code	03 13 2017
mcallen	TX 78501	Transaction ID: SA11AI.38644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200,00	
Full Name of Individual (Last, First, Middle Otero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 121 E. Quamasia #148		04 14 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.38645
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Otero, Fernando, , , Mailing Address 121: E. Quamasia #148 City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selemptoyed Formary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General City mailing Address 21: E. Quamasia #148 City mailing Address 22: E. Quamasia #148 City mailing Address 22: E. Quamasia #148 City mailing Address 23: E. Quamasia #148 City #148 City #159 City #150 Aggregate Year-to-Date ▼ Date of Receipt #150		the name and address of any political committee	
A. Otero, Fernando, Mailing Address 121 E. Quamasia #148 City mcallen TX 78501 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Selemptoyed General Other (specify) ▼ Cly mcallen TX Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cly mcallen FEC ID number of contributing federal political committee. Cly Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clty mcallen TX Transaction ID : SA11A139307 Transaction ID : SA11A13866 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11A13866 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11A13866 Amount of Each Receipt this Period Cly Transaction ID : SA11A13866 Amount of Each Receipt this Period Cly Transaction ID : SA11A13866 Amount of Each Receipt this Period Transaction ID : SA11A13866 Transaction ID	, ,	L PAC	
Aggregate Year-to-Date State Tx Tansaction ID : SA11Al.38307	A. Otero, Fernando, , , Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code 78501	Transaction ID : SA11AI.39306 Amount of Each Receipt this Period 400.00 Memo Item
C. Owen, Kip, , , Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) Date of Receipt M	Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.39307 Amount of Each Receipt this Period 400.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	City Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.38646 Amount of Each Receipt this Period 100.00 Memo Item
TOTAL This Period (last page this line number only)		·	900.00

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Α.	Full Name of Individual (Last, First, Middle Initial Owen, Kip, , , Mailing Address 2305 Red River	al) or Full Org	anization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.38647
	mcallen	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
	selfemployed	physic	ian	contribution
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Inition Owen, Kip, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 2305 Red River			05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.39308
	mcallen	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00		
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
	Full Name of Individual (Last, First, Middle Initial Owen, Kip, , ,	al) or Full Org	anization Name	Date of Receipt
Ο.	Mailing Address 2305 Red River			06 30 2017
	City	State	Zip Code	Transaction ID : SA11AI.39309
	mcallen	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Other (specify) General		600.00	
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Palacios, Esteban, , Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 15 2017 City Zip Code State Transaction ID: SA11AI.39312 Edinburg TX 78540 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Palacios, Esteban, , Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 06 2017 City State Zip Code Transaction ID: SA11AI.39313 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Palimar, Prakash, , , Date of Receipt Mailing Address 121 Canary 03 2017 City Zip Code State Transaction ID: SA11AI.37757 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 -

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Α.	Full Name of Individual (Last, First, Middle Initial Palimar, Prakash, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 121 Canary			02 21 2017
	City	State	Zip Code	Transaction ID : SA11AI.38096
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	250.00		
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physi	,	contribution
	Receipt For:	1.,		
	Primary General	Aggregate Y	/ear-to-Date ▼	
	Other (specify) ▼		500.00	
В.	Full Name of Individual (Last, First, Middle Initial Palimar, Prakash, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 121 Canary	03 13 2017		
	City	State	Zip Code	Transaction ID : SA11AI.38652
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	250.00		
	Name of Employer (for Individual) selfemployed	Occu	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Palimar, Prakash, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 121 Canary			04 14 2017
	City	State	Zip Code	Transaction ID : SA11AI.38653
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physic	,	contribution
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	Primary General	Aggregate 1	/ear-to-Date ▼	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Palimar, Prakash, , , Mailing Address 121 Canary	al) or Full Org	anization Name	Date of Receipt 05 15 2017
	City	State	Zip Code	Transaction ID : SA11Al.39314
	mcallen FEC ID number of contributing federal political committee.	ТХ	78504	Amount of Each Receipt this Period 250.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution		
В.	Full Name of Individual (Last, First, Middle Initial Palimar, Prakash, , , Mailing Address 121 Canary	al) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID : SA11AI.39315		
	mcallen FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 250.00		
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual)	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1500.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2004 Alexander Drive			03 13 2017
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.38654 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	aar-to-Date ▼ 300.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , , Mailing Address 2004 Alexander Drive	al) or Full Orga	anization Name	Date of Receipt 04 14 2017
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.38655 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Memo Item contribution		
<u> —</u>	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,	al) or Full Orga	400.00 anization Name	Date of Receipt
υ.	Mailing Address 2004 Alexander Drive City	05 15 2017		
	weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.39316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00		
	Name of Employer (for Individual) selfemployed	Occup- physic	ation (for Individual) sian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500.00	
С .	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2004 Alexander Drive			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.39317 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)			
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Pean, Harold, J., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 700		03 13 2017
Brazos City	State Zip Code	Transaction ID : SA11AI.38656
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
B. Pean, Harold, J., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 700		04 14 2017
Brazos City	State Zip Code	Transaction ID : SA11AI.38657
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Dean, Harold, J., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 700 Brazos		05 15 2017
City	State Zip Code	Transaction ID : SA11AI.39318
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pean, Harold, J., Dr., Date of Receipt Mailing Address 700 2017 **Brazos** City Zip Code State Transaction ID: SA11AI.39319 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 01 03 2017 City State Zip Code Transaction ID: SA11AI.37760 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pechero, Guillermo, , Dr., Date of Receipt Mailing Address 2312 La Condesa 2017 City State Zip Code Transaction ID: SA11AI.38099 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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Α.	Full Name of Individual (Last, First, Middle Initial Pechero, Guillermo, , Dr., Mailing Address 2312 La Condesa	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	03 13 2017 Transaction ID : SA11Al.38658
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Memo Item contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00	
В.	Full Name of Individual (Last, First, Middle Initia Pechero, Guillermo, , Dr., Mailing Address 2312 La Condesa	al) or Full Orga	anization Name	Date of Receipt
		Ta	I=	04 14 2017
	City	State	Zip Code 78539	Transaction ID : SA11AI.38659
	Edinburg FEC ID number of contributing	C	76539	Amount of Each Receipt this Period
	federal political committee.	400.00		
	Name of Employer (for Individual) self-employed	ation (for Individual) iian	Memo Item contribution	
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	
	Other (specify) ▼		1600.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pechero, Guillermo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2312 La Condesa			05 15 2017
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39320 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
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	City	State	Zip Code	06 30 2017 Transaction ID : SA11AI.39321
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) iian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00	
В.	Full Name of Individual (Last, First, Middle Initial Pena, Alberto, , Dr., Mailing Address 3716 Tigris	al) or Full Org	anization Name	Date of Receipt
		01-1-	7:- 0-1-	05 15 2017
	City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.39322 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00	
	Name of Employer (for Individual) self-employed	ation (for Individual)	Memo Item contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250,00	
С .	Full Name of Individual (Last, First, Middle Initial Pena, Alberto, , Dr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3716 Tigris			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39323 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) self-employed	Occup doctor	ation (for Individual)	Memo Item contribution
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١.	Full Name of Individual (Last, First, Middle Initia Pena, Jose, , , Mailing Address 100 Bluebird	al) or Full Organization Name	Date of Receipt
			01 03 2017
	City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.37762
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
	selfemployed	physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
3.	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , , Mailing Address 100 Bluebird	al) or Full Organization Name	Date of Receipt
			02 21 2017
	City	State Zip Code	Transaction ID : SA11AI.38101
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,	al) or Full Organization Name	Date of Receipt
	Mailing Address 100 Bluebird		03 13 2017
	City	State Zip Code	Transaction ID : SA11AI.38662
	mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
	Receipt For:	Aggregate Year-to-Date ▼	
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		I		04 14 2017
Cit	ty callen	State	Zip Code 78504	Transaction ID : SA11AI.38663
	canen	17	76504	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		400.00
Na	ume of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
sel	lfemployed	physicia	an	contribution
Re	cecipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1600.00	
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	ailing Address 100 Bluebird	Ta		05 15 2017
Cit		State	Zip Code	Transaction ID : SA11AI.39324
	callen	TX	78504	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		400.00
sel	ame of Employer (for Individual) femployed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2000.00	
	II Name of Individual (Last, First, Middle Initial)) or Full Orga	nization Name	Date of Receipt
	ailing Address 100 Bluebird			06 30 2017
Cit	ty	State	Zip Code	Transaction ID : SA11AI.39325
_m	callen	TX	78504	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		400.00
	me of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl Pena, Juan, , , Mailing Address 905 S. Huisache Court	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	01 03 2017
pharr	TX 78577	Transaction ID : SA11AI.37763 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middl Pena, Juan, , , Mailing Address 905 S. Huisache Court	e Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	02 21 2017 Transaction ID : SA11AI.38102
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle Pena, Juan, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 905 S. Huisache Court		03 13 2017
City pharr	State Zip Code 78577	Transaction ID : SA11AI.38664
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	l)	1200.00
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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .		
١.	Full Name of Individual (Last, First, Middle Initial Pena, Juan, , , Mailing Address 905 S. Huisache Court) or Full Orga	nization Name	Date of Receipt
		Τ_	T	04 14 2017
	City pharr	State	Zip Code 78577	Transaction ID : SA11AI.38665
	<u>·</u>	17	10311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
	self-employed	private	investor	contribution
	Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
	Other (specify) ▼	4	1600.00	
3.	Full Name of Individual (Last, First, Middle Initial Pena, Juan, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 905 S. Huisache Court			05 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.39326
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed		tion (for Individual) investor	Memo Item contribution
		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	4	2000.00	
_	Full Name of Individual (Last, First, Middle Initial Pena, Juan, , ,) or Full Orga	nization Name	Date of Receipt
	Mailing Address 905 S. Huisache Court			06 30 2017
	City	State	Zip Code	Transaction ID : SA11AI.39327
	pharr	TX	78577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occupa private	tion (for Individual)	Memo Item contribution
	Possint For:	l ·		
	Primary General	Aggregate Yea	ar-to-Date ▼	
	Other (specify)		2400.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
T	OTAL This Period (last page this line number on	ly)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Pena, Raul, , Dr.,								
Mailing Address 3500 San Clemente		02 21 2017						
City	State Zip Code	Transaction ID : SA11AI.38103						
Mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
self-employed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	250.00]						
Full Name of Individual (Last, First, Middle Pena, Raul, , Dr.,	Date of Receipt							
Mailing Address 3500 San Clemente								
City	State Zip Code	Transaction ID : SA11AI.38666						
Mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	375,00]						
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 3500 San Clemente		04 14 2017						
City	State Zip Code TX 78572	Transaction ID : SA11AI.38667						
Mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify)	500.00]						
SUBTOTAL of Receipts This Page (optional))	375.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Pena, Raul, , Dr., Mailing Address 3500 San Clemente City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt M M					
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 625.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle I Pena, Raul, , Dr., Mailing Address 3500 San Clemente City Mission FEC ID number of contributing federal political committee.	Mailing Address 3500 San Clemente City State Zip Code Mission TX 78572 FEC ID number of contributing						
Name of Employer (for Individual) self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 750.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle I Penalo, Pedro, , Dr., Mailing Address 906 S. Bridge City Weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt O2 21 2017 Transaction ID: SA11AI.38104 Amount of Each Receipt this Period 200.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	>	450.00					
TOTAL This Period (last page this line number	er only)						

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Penalo, Pedro, , Dr., Date of Receipt Mailing Address 906 S. Bridge 13 2017 City Zip Code State Transaction ID: SA11AI.38668 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Penalo, Pedro, , Dr., Date of Receipt Mailing Address 906 S. Bridge 04 2017 City State Zip Code Transaction ID: SA11AI.38669 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Penalo, Pedro, Dr., Date of Receipt Mailing Address 906 S. Bridge 15 2017 City Zip Code State Transaction ID: SA11AI.39330 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Penalo, Pedro, , Dr., Date of Receipt Mailing Address 906 S. Bridge 30 2017 City Zip Code State Transaction ID: SA11AI.39331 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pereira, Nicholas, , Dr., Date of Receipt Mailing Address 7005 North Cynthia 13 2017 City State Zip Code Transaction ID: SA11AI.38670 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pereira, Nicholas, , Dr., Date of Receipt Mailing Address 7005 North Cynthia 14 2017 City State Zip Code Transaction ID: SA11AI.38671 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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358 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pereira, Nicholas, , Dr., Date of Receipt Mailing Address 7005 North Cynthia 15 2017 City Zip Code State Transaction ID: SA11AI.39332 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pereira, Nicholas, , Dr., Date of Receipt Mailing Address 7005 North Cynthia 06 2017 City State Zip Code Transaction ID: SA11AI.39333 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Perez, Florencia, , Dr., Date of Receipt Mailing Address 4600 Victoria 13 2017 City State Zip Code Transaction ID: SA11AI.38674 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

300.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Perez, Florencia, , Dr., Mailing Address 4600 Victoria City	Initial) or Full Organization Name State Zip Code	Date of Receipt 04 14 2017
McAllen	TX 78503	Transaction ID : SA11AI.38675 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 400.00	contribution
Full Name of Individual (Last, First, Middle I Perez, Florencia, , Dr., Mailing Address 4600 Victoria	Date of Receipt 05 15 2017	
City	State Zip Code	Transaction ID : SA11AI.39336
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I Perez, Florencia, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4600 Victoria		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code 78503	Transaction ID : SA11AI.39337
FEC ID number of contributing federal political committee.	C 76505	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	·····	300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC				
Α.	Mailing Address 4726 S. Jackson			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Edinburg FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Transaction ID : SA11AI.39338 Amount of Each Receipt this Period 50.00		
	Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution		
В.	Full Name of Individual (Last, First, Middle Initi Perez, Francisco, , Dr., Mailing Address 4726 S. Jackson	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Edinburg FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.39339 Amount of Each Receipt this Period 50.00				
	Name of Employer (for Individual) self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution		
<u></u> с.	Full Name of Individual (Last, First, Middle Initiperez, Guillermo, , Dr., Mailing Address 7333 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State TX	Zip Code 78504 ation (for Individual)	Date of Receipt O1 03 2017 Transaction ID: SA11AI.37770 Amount of Each Receipt this Period 400.00 Memo Item contribution		
H	SUBTOTAL of Receipts This Page (optional)			500.00		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Perez, Guillermo, , Dr., Mailing Address 7333	itial) or Full Organization Name	Date of Receipt
N. 4th Street		02 21 2017
City	State Zip Code	Transaction ID : SA11AI.38109
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle In Perez, Guillermo, , Dr.,	itial) or Full Organization Name	Date of Receipt
Mailing Address 7333	M M / D D / Y Y Y Y	
N. 4th Street	State Zin Code	03 13 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38678
<u> </u>	170 17004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle In Perez, Guillermo, , Dr.,	itial) or Full Organization Name	Date of Receipt
Mailing Address 7333		M = M / D = D / Y = Y = Y
N. 4th Street		04 14 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38679
	70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1600.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Perez, Guillermo, , Dr., Mailing Address 7333	nitial) or Full Organization Name	Date of Receipt			
N. 4th Street		05 15 2017			
City	State Zip Code	Transaction ID : SA11AI.39340			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self employed	physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name of Individual (Last, First, Middle Ir Perez, Guillermo, , Dr.,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 7333	M M / D D / Y Y Y Y				
N. 4th Street City	State Zip Code	06 30 2017			
McAllen	TX 78504	Transaction ID : SA11AI.39341 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00				
Full Name of Individual (Last, First, Middle In Perez-Young, Irene, , Dr.,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 109 N. Nueces Park Lane		05 15 2017			
City	State Zip Code	Transaction ID : SA11AI.39342			
Harlingen	TX 78552	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	250.00				
SUBTOTAL of Receipts This Page (optional)	•	850.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than using the	he name and address of any political committee t				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Perez-Young, Irene, , Dr., Mailing Address 109 N. Nueces Park Lane	Date of Receipt				
City	Ctoto 7:- 0-1-	06 30 2017 Transaction ID : SA11Al.39343			
City Harlingen	State Zip Code TX 78552				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employee	physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name of Individual (Last, First, Middle II Pierson, Claudia, , , Mailing Address 6912 N. Peking	nitial) or Full Organization Name	Date of Receipt			
		01 03 2017			
City	State Zip Code	Transaction ID : SA11Al.37772			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name of Individual (Last, First, Middle In Pierson, Claudia, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 6912 N. Peking		02 21 2017			
City	State Zip Code	Transaction ID : SA11AI.38111			
mcallen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify)	200.00				
SUBTOTAL of Receipts This Page (optional)		850.00			
TOTAL This Period (last page this line number	r only)				

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking 13 2017 City Zip Code State Transaction ID: SA11AI.38682 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking 04 2017 City State Zip Code Transaction ID: SA11AI.38683 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking 15 2017 City State Zip Code Transaction ID: SA11AI.39344 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Full Name of Individual (Last, First, Middle I Pierson, Claudia, , , Mailing Address 6912 N. Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify) General	nitial) or Full Organization Name State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 06 30 2017 Transaction ID: SA11AI.39345 Amount of Each Receipt this Period 400.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle I Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State	Date of Receipt 01 03 2017 Transaction ID: SA11Al.37774 Amount of Each Receipt this Period 400.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle I Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mark 2017 2017 Transaction ID : SA11AI.38113 Amount of Each Receipt this Period 400.00 Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	>	1200.00					
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FOR LINE NUMBER: PAGE 251 OF 358 Use separate schedule(s) for each category of the Detailed Summary Page

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Full Name of Individual (Last, First, Middle Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For:	State TX Occupa physicia Aggregate Yea	Date of Receipt 03					
Other (specify) ▼ Full Name of Individual (Last, First, Middle	Primary General						
B. Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TX	Zip Code 78502	Date of Receipt M M / 14 2017 Transaction ID : SA11Al.38685 Amount of Each Receipt this Period 400.00 Memo Item				
self-employee Receipt For: Primary General Other (specify) Other	physici Aggregate Yea	ian	contribution				
Full Name of Individual (Last, First, Middle Pope, Bill, , Dr., Mailing Address 5600 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TX	Zip Code 78502	Date of Receipt M				
self-employee Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional	Aggregate Yea	an ar-to-Date ▼ 2000.00	contribution				

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pope, Bill, , Dr., Date of Receipt Mailing Address 5600 North 5th Street 2017 City State Zip Code Transaction ID: SA11AI.39347 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 01 2017 City State Zip Code Transaction ID: SA11AI.37776 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Preciado, Sergio, , , Date of Receipt Mailing Address 521 E. Bluebird 2017 City State Zip Code Transaction ID: SA11AI.38115 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any peg the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Middle Preciado, Sergio, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 521 E. Bluebird		03 13 2017					
City	State Zip Code	Transaction ID : SA11AI.38689					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Preciado, Sergio, , , Mailing Address 521 E. Bluebird	Date of Receipt						
	State Zip Code	04 14 2017					
City	Transaction ID : SA11Al.38690 Amount of Each Receipt this Period						
	mcallen TX 78504						
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name of Individual (Last, First, Middle Preciado, Sergio, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 521 E. Bluebird	To the state of th	05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mcallen	State Zip Code 78504	Transaction ID : SA11AI.39350 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00						
SUBTOTAL of Receipts This Page (optional	il)	750.00					
TOTAL This Period (last page this line num	nber only)						

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				on for the purpose of soliciting contributions o solicit contributions from such committee.					
	OF COMMITTEE (In Full) RDER HEALTH FEDERAL PA	AC							
City mcalle FEC IL federal Name selfem Receip	onumber of contributing political committee. of Employer (for Individual) ployed t For: Primary General Other (specify)	Date of Receipt Mo6 30 2017 Transaction ID: SA11AI.39351 Amount of Each Receipt this Period 250.00 Memo Item contribution							
City McAlle FEC II federal Name Self em Receip	onumber of contributing political committee. of Employer (for Individual) inployed to For: Primary General Other (specify)	Zip Code 78504 tion (for Individual) an ur-to-Date ▼	Date of Receipt M						
City McAlle FEC II federal Name Self en Receip	o number of contributing political committee. of Employer (for Individual) inployed	State TX	Zip Code 78504 tion (for Individual)	Date of Receipt M 06 30 2017 Transaction ID: SA11AI.39353 Amount of Each Receipt this Period 50.00 Memo Item contribution					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Quinteros, Maria, , Dr., Mailing Address 702 South 1st Lane City McAllen	Mailing Address 702 South 1st Lane City State TX Zip Code 78501									
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General Other (specify) ▼	me of Employer (for Individual) femployed ceipt For: Primary General Occupation (for Individual) physician Aggregate Year-to-Date ▼									
Full Name of Individual (Last, First, Middle Quinteros, Maria, , Dr., Mailing Address 702 South 1st Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39359 Amount of Each Receipt this Period 50.00 Memo Item contribution								
Full Name of Individual (Last, First, Middle Ramirez, Ernesto, , Dr., Mailing Address P.O.Box 720298 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
SUBTOTAL of Receipts This Page (optional).	>	200.00								
TOTAL This Period (last page this line number	er only)									

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EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`_	k only	y or	11b	11c	12	1
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NAME OF COMMITTEE (In Fall)								

or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC							
Full Name of Individual (Last, First, Middle Ramirez, Ernesto, , Dr., Mailing Address P.O.Box 720298 City	Initial) or Full Organization Name State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
McAllen								
FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
self-employee	physician	contribution						
Receipt For: Primary General Other (specify) ▼	Ceipt For: Aggregate Year-to-Date ▼ Primary General							
Full Name of Individual (Last, First, Middle Ramirez, Ernesto, , Dr., Mailing Address P.O.Box 720298	Date of Receipt							
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City	State Zip Code Ilen TX 78502							
McAllen								
FEC ID number of contributing federal political committee.	, and the second							
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00							
Full Name of Individual (Last, First, Middle Ramirez, Ernesto, , Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address P.O.Box 720298		06 30 2017						
City	State Zip Code	Transaction ID : SA11AI.39363						
McAllen	TX 78502	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ame of Employer (for Individual) Occupation (for Individual)							
Name of Employer (for Individual) self-employee								
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify)	600.00							
SUBTOTAL of Receipts This Page (optional)		300.00						
TOTAL This Period (last page this line numb	er only)							

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 30 2017 City Zip Code State Transaction ID: SA11AI.39365 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ramirez, Sergio, , , Date of Receipt Mailing Address 1608 Woods Drive 01 2017 City State Zip Code Transaction ID: SA11AI.37784 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Sergio, , , Date of Receipt Mailing Address 1608 Woods Drive 21 2017 City State Zip Code Transaction ID: SA11AI.38123 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 540.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC							
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt M						
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , , Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt Mode						
SUBTOTAL of Receipts This Page (optional)	>	750.00						
TOTAL This Period (last page this line number	er only)							

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC							
Α.	Full Name of Individual (Last, First, Middle Initi Ramirez, Sergio, , , Mailing Address 1608 Woods Drive	al) or Full Orga	anization Name	Date of Receipt					
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39367 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupa physici Aggregate Ye		Memo Item contribution					
В.	Full Name of Individual (Last, First, Middle Initi Ramos, Gustavo, , , Mailing Address 1301 S. Perking	Date of Receipt 01 03 2017							
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11Al.37785 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ain	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00						
С .	Full Name of Individual (Last, First, Middle Initi Ramos, Gustavo, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 1301 S. Perking			02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.38124 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		400.00 Memo Item					
	Name of Employer (for Individual) selfemployed Receipt For:	elfemployed physicain							
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼						
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Ramos, Gustavo, , , Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physicain Aggregate Year-to-Date 1200.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Ramos, Gustavo, , , Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City Mailing Address 1301 S. Perking City Mcallen FEC ID number of contributing federal political committee.	State Zip Code 78501 C Occupation (for Individual) physicain Aggregate Year-to-Date ▼	Date of Receipt O4 14 2017 Transaction ID: SA11Al.38708 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Ramos, Gustavo, , , Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physicain Aggregate Year-to-Date 2000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	1200.00
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	Statements may not be sold or used by any per he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Ramos, Gustavo, , , Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code TX 78501 C Occupation (for Individual)	Date of Receipt M M / 30 / 2017 Transaction ID : SA11AI.39369 Amount of Each Receipt this Period 400.00 Memo Item				
selfemployed Receipt For: Primary General Other (specify) ▼	physicain Aggregate Year-to-Date ▼ 2400.00	contribution				
Full Name of Individual (Last, First, Middle I Ramos, Keith, , Dr., Mailing Address P.O. Box 4412 City McAllen	ty State Zip Code					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 50.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle I Ramos, Keith, , Dr., Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt 06				
SUBTOTAL of Receipts This Page (optional)	>	500.00				
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	Statements may not be sold or used by any pen name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Reddy, R.V., , , , Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Reddy, R.V., , , Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt 13 2017 Transaction ID: SA11Al.38717 Amount of Each Receipt this Period 125.00 Memo Item contribution
City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Date of Receipt M M / 14 2017 Transaction ID: SA11AI.38718 Amount of Each Receipt this Period 125.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	375.00
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Reddy, R.V., , , , Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt 05 15 2017 Transaction ID: SA11AI.39378 Amount of Each Receipt this Period 125.00 Memo Item contribution	
Full Name of Individual (Last, First, Middle I Reddy, R.V., , , Mailing Address 1500 Southland Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 750.00	Date of Receipt 06 30 2017 Transaction ID : SA11AI.39379 Amount of Each Receipt this Period 125.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Reddy, Vangala, , , Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 02
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	Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Reddy, Vangala, , , Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee.	Initial) or Full Organization Name State Zip Code TX 78504	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 600.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Reddy, Vangala, , , Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Tull Name of Individual (Last, First, Middle Reddy, Vangala, , , Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional).	<u> </u>	600.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Reddy, Vangala, , , Mailing Address 605 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 1200.00	Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39381 Amount of Each Receipt this Period 200.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Restrepo, William, , , Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City Mailing Address 1117 S. Cynthia	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y O1 03 2017 Transaction ID: SA11Al.37793 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Restrepo, William, , , Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date 800.00	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)	>	1000.00
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Restrepo, William, , , Mailing Address 1117 S. Cynthia	al) or Full Orga	anization Name	Date of Receipt 03 13 2017							
	City	State	Zip Code	Transaction ID : SA11AI.38723							
	FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period 400.00							
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution							
В.	Full Name of Individual (Last, First, Middle Initial Restrepo, William, , , Mailing Address 1117 S. Cynthia	Date of Receipt 04 14 2017									
	City	State Zip Code									
	mcallen FEC ID number of contributing federal political committee.	ТХ	78504	Amount of Each Receipt this Period 400.00							
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual)	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1600.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initia Restrepo, William, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 1117 S. Cynthia			05 15 2017							
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.39384 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution							
	Primary General Other (specify)	55.153.10	2000.00								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00							

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Restrepo, William, , , Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mod 30 2017 Transaction ID : SA11AI.39385 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78550 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt Mark
Full Name of Individual (Last, First, Middle Ringheanu, Mihaela, , Dr., Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78550 C Occupation (for Individual) physician Aggregate Year-to-Date 375.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	650.00
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NAME OF COMMITTEE (In Full)		
igr angle BORDER HEALTH FEDERAL F	PAC	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 3214		M = M / D = D / Y = Y = Y
Banyan Circle	Chata Zin Ca i	04 14 2017
City	State Zip Code TX 78550	Transaction ID : SA11AI.38726
Harlingen	70000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55. 58410 Tour to Date .	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle Init	Date of Receipt	
Mailing Address 3214		M = M / D = D / Y = Y = Y
Banyan Circle	0	05 15 2017
City	State Zip Code	Transaction ID : SA11AI.39386
Harlingen	TX 78550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	625.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 3214		M - M / D - D / Y - Y - Y
Banyan Circle		06 30 2017
City	State Zip Code	Transaction ID : SA11AI.39387
Harlingen	TX 78550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	750.00	
SUBTOTAL of Receipts This Page (optional)		375.00
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\rangle	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C						
١.	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , ,	nization Name	Date of Receipt					
	Mailing Address 100 E. Houston	01 03 2017						
	City	State Zip Code TX 78501		Transaction ID : SA11AI.37795				
	mcallen	IX	78501	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	tion (for Individual) an	Memo Item contribution					
	Descint Form	Aggregate Yea	ar-to-Date ▼ 250.00					
3.	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , , Mailing Address 100 E. Houston	Date of Receipt						
		7in Oada	02 21 2017					
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.38135 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occupa physici:	tion (for Individual)	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00					
	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , ,) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 100 E. Houston			03 13 2017				
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.38727 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 750.00					
s	UBTOTAL of Receipts This Page (optional)			750.00				
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rivas, Homero, , , Date of Receipt Mailing Address 100 E. Houston 14 2017 City Zip Code State Transaction ID: SA11AI.38728 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rivas, Homero, , , Date of Receipt Mailing Address 100 E. Houston 05 15 2017 City State Zip Code Transaction ID: SA11AI.39388 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rivas, Homero, , , Date of Receipt Mailing Address 100 E. Houston 30 2017 City State Zip Code Transaction ID: SA11AI.39389 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physcian Aggregate Year-to-Date 250.00	Date of Receipt 01 03 2017 Transaction ID : SA11AI.37796 Amount of Each Receipt this Period 250.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) physcian Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02
Full Name of Individual (Last, First, Middle I Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physcian Aggregate Year-to-Date 750.00	Date of Receipt 03
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\	COMMITTEE (In Full) ER HEALTH FEDERAL PA	/C		
Robaling	of Individual (Last, First, Middle Initial o, Benjamin, , ,	Date of Receipt		
Mailing Ad	ldress 1217 S. Cynthia	04 14 2017		
City		State Zip Code TX 78501		Transaction ID : SA11AI.38730
mcallen		1X	78501	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		250.00
Name of E	Employer (for Individual)	tion (for Individual)	Memo Item	
selfemploy		physcia	ın	contribution
Receipt Fo		Aggregate Yea	ar-to-Date ▼	
Othe	er (specify) ▼			
	of Individual (Last, First, Middle Initial io, Benjamin, , ,	Date of Receipt		
	dress 1217 S. Cynthia	05		
City		State	Zip Code	Transaction ID : SA11AI.39390
mcallen		TX	78501	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		250.00
Name of I selfemploy	Employer (for Individual) ed	Occupa physcia	tion (for Individual) an	Memo Item contribution
Receipt Fo		Aggregate Yea	ar-to-Date ▼	
Othe	er (specify) ▼		1250.00	
	of Individual (Last, First, Middle Initial) or Full Orga	nization Name	Date of Receipt
	ldress 1217 S. Cynthia			06 30 2017
City mcallen		State TX	Zip Code 78501	Transaction ID : SA11AI.39391
	umber of contributing			Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E	Employer (for Individual)	Occupa physcia	tion (for Individual)	Memo Item contribution
Receipt Fo	241	Aggregate Yea		
Prim		Aggregate 1ea		
Othe	er (specify)		1500.00	
SUBTOTAL	of Receipts This Page (optional)			750.00
TOTAL This	Period (last page this line number on	ly)		

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rocha, Martin, , Mr., Date of Receipt Mailing Address P.O. Box 662 15 2017 City Zip Code State Transaction ID: SA11AI.39392 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rocha, Martin, , Mr., Date of Receipt Mailing Address P.O. Box 662 06 2017 City State Zip Code Transaction ID: SA11AI.39393 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rodriguez, Ofelia, , Dr., Date of Receipt Mailing Address 112 E. Xenops 15 2017 City State Zip Code Transaction ID: SA11AI.39398 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Rodriguez, Ofelia, , Dr., Mailing Address 112 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 D number of contributing I political committee. of Employer (for Individual) Occupation (for Individual) physician of For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Edit Name of Selficities (Section Middle)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38741 Amount of Each Receipt this Period 100.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle I Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78539 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt Mark				
SUBTOTAL of Receipts This Page (optional)	>	250.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle	al) or Full Orga	anization Name	Date of Receipt 05 15 2017						
	City	State	Zip Code	Transaction ID : SA11AI.39402						
	Edinburg	TX	78539	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	y III								
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye								
В.	Full Name of Individual (Last, First, Middle Initial Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle	Date of Receipt								
		06 30 2017								
	City	State	Zip Code 78539	Transaction ID : SA11AI.39403						
	Edinburg FEC ID number of contributing federal political committee.	C	76539	Amount of Each Receipt this Period 100.00						
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00							
_	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruiz, Henry, E., Dr., Date of Receipt									
О.	Mailing Address 208 W. Pelician			Date of Receipt 02 21 2017						
	City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.38144 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		150.00						
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00							
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 13 2017 City Zip Code State Transaction ID: SA11AI.38745 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 04 14 2017 City State Zip Code Transaction ID: SA11AI.38746 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ruiz, Henry, E., Dr., Date of Receipt Mailing Address 208 W. Pelician 15 2017 City State Zip Code Transaction ID: SA11AI.39406 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Ruiz, Henry, E., Dr., Mailing Address 208 W. Pelician	Date of Receipt						
		06 30 2017					
City Mcallen	State Zip Code 78504	Transaction ID : SA11AI.39407					
	70004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual)	Occupation (for Indivi	idual) Memo Item					
selfemployed							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	900.00					
Saca, Paulette, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saca, Paulette, , ,						
Mailing Address 109 Condor	03 13 2017						
City	State Zip Code	Transaction ID: SA11AI.38749					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) self-employed	Occupation (for Indivi	idual) Memo Item contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	225.00					
Full Name of Individual (Last, First, Middle Saca, Paulette, , ,	Initial) or Full Organization Name	e Date of Receipt					
Mailing Address 109 Condor		04 14 2017					
City	State Zip Code	Transaction ID : SA11AI.38750					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) self-employed	Occupation (for Indivi-	idual) Memo Item contribution					
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Primary General Other (specify)		300.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle I Saca, Paulette, , , Mailing Address 109 Condor		Date of Receipt 05 15 2017		
City mcallen FEC ID number of contributing	State Zip Code 78504	Transaction ID : SA11AI.39410 Amount of Each Receipt this Period 75.00		
Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) private investor Aggregate Year-to-Date 375.00	Memo Item contribution		
Full Name of Individual (Last, First, Middle I Saca, Paulette, , , Mailing Address 109 Condor	Date of Receipt 06 30 2017			
City mcallen FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11AI.39411 Amount of Each Receipt this Period 75.00		
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 450.00	Memo Item contribution		
Full Name of Individual (Last, First, Middle I Saenz, Javier, , , Mailing Address 2308 Monaco Drive		Date of Receipt 01 03 2017		
City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed	State Zip Code 78574 C Occupation (for Individual) physician	Transaction ID : SA11AI.37807 Amount of Each Receipt this Period 400.00 Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional)		550.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code TX 78574 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38751 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / 14 2017 Transaction ID: SA11AI.38752 Amount of Each Receipt this Period 400.00 Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code TX 78574 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle Saenz, Javier, , , Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) City Middle Saenz Mid	State Zip Code TX 78574 C Occupation (for Individual) physician Aggregate Year-to-Date 2400.00	Date of Receipt Mo6 30 2017 Transaction ID: SA11AI.39413 Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt 01 03 2017 Transaction ID: SA11AI.37809 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	1200.00
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pedress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
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City	State	Zip Code	Transaction ID : SA11AI.38149
mcallen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle I Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square	Date of Receipt		
City	State	Zip Code	03 13 2017 Transaction ID : SA11Al.38755
mcallen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 2400 S.E. Augusta Square			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code 78503	Transaction ID : SA11AI.38756
mcallen	1^	70000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1600.00	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saenz, JJ, , , Date of Receipt Mailing Address 2400 S.E. Augusta Square 15 2017 City Zip Code State Transaction ID: SA11AI.39416 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Saenz, JJ,,, Date of Receipt Mailing Address 2400 S.E. Augusta Square 2017 City State Zip Code Transaction ID: SA11AI.39417 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd 03 2017 suite 10 City State Zip Code Transaction ID: SA11AI.37810 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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١.	Full Name of Individual (Last, First, Middle Initial Safir, Larry, , , Mailing Address 3300 S. 2nd) or Full Orga	nization Name	Date of Receipt			
	suite 10			02 21 2017			
	City	State	Zip Code	Transaction ID : SA11AI.38150			
	mcallen	TX	78503	Amount of Each Receipt this Period			
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	Mailing Address 3300 S. 2nd			M M / D D / Y Y Y Y			
	suite 10 City	State	Zip Code	03 13 2017			
	mcallen	TX	78503	Transaction ID : SA11AI.38757			
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	Name of Employer (for Individual) self-employed		tion (for Individual) investor	Memo Item contribution			
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	Mailing Address 3300 S. 2nd suite 10			04			
	City	State TX	Zip Code 78503	Transaction ID : SA11AI.38758			
	mcallen	1/	10000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer (for Individual)		tion (for Individual)	Memo Item			
	self-employed	private i	investor	contribution			
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Suite 10 City mcallen FEC ID number of contributing federal political committee. FC ID number of contributing federal political committee. FC ID number of contributing federal political committee. FC ID number of contributing federal political committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Saffr, Larry, , Mailing Address 3300 S. 2nd suite 10 City State Zip Code TX 78503 FEC ID number of contributing federal political committee. FC ID number of contributing federal political committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FC ID number of contributing federal political committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FC Salazar, Juan, , Mailing Address 801 E Nolana Loop Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Salazar, Juan, , Mailing Address 801 E Nolana Loop Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Salazar, Juan, , Mailing Address 801 E Nolana Loop City McAllen FC ID number of contributing federal political committee. C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organization Name C Selazar (Last, First, Middle Initial) or Full Organizati	Α.	Safir, Larry, , ,	al) or Full Orç	ganization Name	<u> </u>
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Name of Employer (for Individual) Occupation (for Individual) Private Investor Safir, Larry, , Mailing Address 3300 S. 2nd Suite 10 State TX 78503 Transaction ID : SA11Al.3941 Amount of Each Receipt this Period Primary General Occupation (for Individual) Occupation Name Occupation Nam		mcallen	TX	78503	
self-employed		· ·	С		400.00
Receipt For: Primary General Other (specify) ▼ 2000.00		Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Primary General Other (specify) ▼		self-employed	privat	te investor	contribution
B. Safir, Larry, , Mailing Address 3300 S. 2nd suite 10 City		Primary General			
Suite 10 City	В.	Safir, Larry, , ,	al) or Full Orç	ganization Name	−
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mcallen TX 78503 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Salazar, Juan, , , Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) State TX T8504 Transaction ID: SA11Al.37811 Amount of Each Receipt this Period Transaction ID: SA11Al.37811 Amount of Each Receipt this Period Primary General Occupation (for Individual) selfemployed Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify)			State	Zip Code	
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self-employed private investor Receipt For:			С		400.00
Primary General Other (specify) ▼ Date of Receipt		self-employed		, ,	
Other (specify) ▼ Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Salazar, Juan, , , Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼			Aggregate Y	∕ear-to-Date ▼	
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selfemployed physician contribution Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼		· ·	С		250.00
Receipt For: Primary Other (specify) Aggregate Year-to-Date ▼ 250.00		Name of Employer (for Individual)	Occup	pation (for Individual)	
Primary General Other (specify) 250.00		• •	physic	cian	contribution
Other (specify)			Aggregate Y	⁄ear-to-Date ▼	
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 2017 City Zip Code State Transaction ID: SA11AI.38151 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 13 2017 City State Zip Code Transaction ID: SA11AI.38759 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 14 2017 City State Zip Code Transaction ID: SA11AI.38760 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

Name of Employer (for Individual)

Other (specify)

General

selfemploved

Receipt For:

В.

Primary

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Memo Item

contribution

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salazar, Juan, , , Date of Receipt Mailing Address 801 E Nolana Loop 15 2017 City State Zip Code Transaction ID: SA11AI.39420 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee.

Occupation (for Individual)

physician

Aggregate Year-to-Date ▼

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		,	
Full Name of Individual (Last, First, Middle In Salazar, Juan, , ,	anization Name	Date of Receipt	
Mailing Address 801 E Nolana Loop	06 30 2017		
City	State	Zip Code	Transaction ID : SA11Al.39421
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	1500.00	
Full Name of Individual (Last First Middle In	I .		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salcedo, Leonardo, , Dr., Date of Receipt Mailing Address 5409 N. 1st Street 15 2017 City State Zip Code Transaction ID: SA11AI.39422 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Salcedo, Leonardo, , Dr., Date of Receipt Mailing Address 5409 N. 1st Street 2017 30 City State Zip Code Transaction ID: SA11AI.39423 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Salinas, Mariano, , Dr., Date of Receipt Mailing Address 2203 Red River 03 13 2017 City State Zip Code Transaction ID: SA11AI.38764 TX 78572 mission Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00

		,	
Full Name of Individual (Last, First, Middle In Salinas, Mariano, , Dr.,	anization Name	Date of Receipt	
Mailing Address 2203 Red River			04 14 2017
City	State	Zip Code	Transaction ID : SA11AI.38765
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physici	an	contribution
Receipt For:	Aggregate Ye	ar-to-Date ▼	
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Full Name of Individual (Last, First, Mid-	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2203 Red River		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.39424
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Memo Item	
selfemployed	Occupation (for Individual) physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Mides). Salinas, Mariano, , Dr.,	l dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2203 Red River	06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.39425
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Mide. Sanchez, Elisa, Garza, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3509 N. Glasscock		02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.38155
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	nal)	325.00
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	and Statements may not be sold or used by any per- g the name and address of any political committee t				
NAME OF COMMITTEE (In Full)					
BORDER HEALTH FEDER					
Full Name of Individual (Last, First, Middl Sanchez, Elisa, Garza, ,	le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3509	M = M / D = D / Y = Y = Y				
N. Glasscock	State 7's Code	06 30 2017			
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.39427			
		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self employed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	750.00				
Full Name of Individual (Last, First, Middl 3. Sanchez, Manuel, , ,	le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 2804 Santa Lydia		03 13 2017			
City	State Zip Code	Transaction ID : SA11Al.38768			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General Other (specify) ▼	300.00				
Full Name of Individual (Last, First, Middle). Sanchez, Manuel, , ,	le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 2804 Santa Lydia		04 14 2017			
City	State Zip Code	Transaction ID : SA11AI.38769			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing	C	100.00			
federal political committee.	federal political committee.				
Name of Employer (for Individual) selfemployed	Occupation (for Individual)	Memo Item contribution			
Receipt For:	physician	-			
Primary General	Aggregate Year-to-Date ▼	Ì			
Other (specify)	400.00				
SURTOTAL of Possints This Page (set)	ıD.	325.00			
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	Statements may not be sold or used by any pene name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle II Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt M		
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	ne of Employer (for Individual) employed eipt For: Primary General Occupation (for Individual) physician Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle II Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M / 30		
Full Name of Individual (Last, First, Middle II Santoy, Elena, , Ms, Mailing Address 416 N. 17th Street City Donna FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78537 C Occupation (for Individual) physician Aggregate Year-to-Date 250.00	Date of Receipt Mark		
SUBTOTAL of Receipts This Page (optional)	>	250.00		
TOTAL This Period (last page this line numbe	er only)			

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Santoy, Elena, , Ms, Date of Receipt Mailing Address 416 N. 17th Street 30 2017 City Zip Code State Transaction ID: SA11AI.39433 TX Donna 78537 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell 03 13 2017 City State Zip Code Transaction ID: SA11AI.38776 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Serna, Samuel, , Dr., Date of Receipt Mailing Address 125 E. Cornell 14 2017 City State Zip Code Transaction ID: SA11AI.38777 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Serna, Samuel, , Dr., Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date 500.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Serna, Samuel, , Dr., Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M M M / 30
Name of Employer (for Individual) self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 600.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Shan, Pankajkumar, , Dr., Mailing Address 2300 Solera Drive City Mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self employed Receipt For: Primary Other (specify)	State Zip Code TX Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2017 Transaction ID : SA11AI.39438 Amount of Each Receipt this Period 50.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line numbe	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Shan, Pankajkumar, , Dr., Mailing Address 2300 Solera Drive	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.39439					
	Mission	TX	78572	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) Self employed	Occupa	ation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , , Mailing Address 4000 Burns Drive	Date of Receipt							
		01 03 2017							
	City	State	Zip Code	Transaction ID : SA11AI.37823					
	mcallen FEC ID number of contributing federal political committee.	C	78503	Amount of Each Receipt this Period 400.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400,00						
	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , ,	al) or Full Orga	anization Name	Date of Receipt					
Ο.	Mailing Address 4000 Burns Drive			02 21 2017					
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.38163 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 800.00						
	CUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			850.00					

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				on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (IN F BORDER HEALTH I	,			
Full Name of Individual (Last, Shuaib, Tawhid, , , Mailing Address 4000 Burns E City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual Selfemployed Receipt For: Primary Gener	Stat TX G Glual) Aggre		vidual)	Date of Receipt M M M
Full Name of Individual (Last, Shuaib, Tawhid, , , Mailing Address 4000 Burns D City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual (Last, August 1988)) Name of Employer (for Individual Committee) Name of Employer (for Individual Committee) Primary Gener Other (specify) ▼	Stat TX G C dual) Aggre	e Zip Code 78503 Occupation (for Indi physician egate Year-to-Date	ividual)	Date of Receipt M
Full Name of Individual (Last, Shuaib, Tawhid, , , Mailing Address 4000 Burns I City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual Selfemployed Receipt For: Primary Gener Other (specify)	Stat TX G C Jual) Aggre	e Zip Code		Date of Receipt 05 15 2017 Transaction ID: SA11AI.39440 Amount of Each Receipt this Period 400.00 Memo Item contribution
SUBTOTAL of Receipts This Pa	age (optional)		<u> </u>	1200.00
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shuaib, Tawhid, , , Date of Receipt Mailing Address 4000 Burns Drive 30 2017 City Zip Code State Transaction ID: SA11AI.39441 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Siberman, Herschel, , Dr., Date of Receipt Mailing Address 609 Tulip 05 15 2017 City State Zip Code Transaction ID: SA11AI.39442 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Siberman, Herschel, , Dr., Date of Receipt Mailing Address 609 Tulip 30 2017 City State Zip Code Transaction ID: SA11AI.39443 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional).....

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 03
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) Self Name of Employer (for Individual)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date 400.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional).	>	300.00
TOTAL This Period (last page this line number	er only)	

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma City weslaco FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 78596 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 30 2017 Transaction ID: SA11AI.39449 Amount of Each Receipt this Period 100.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt 02 21 2017 Transaction ID: SA11Al.38169 Amount of Each Receipt this Period 150.00 Memo Item contribution
City Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / Y 2017 Transaction ID: SA11AI.38792 Amount of Each Receipt this Period 150.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	400.00
TOTAL This Period (last page this line numb	per only)	

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	I Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M / 14 2017 Transaction ID : SA11AI.38793 Amount of Each Receipt this Period 150.00 Memo Item contribution
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) Entire Middle	State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt Mark
Full Name of Individual (Last, First, Middle Solis, Joel, , , Mailing Address 405 E. Avocet City Mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) physician Aggregate Year-to-Date 900.00	Date of Receipt M M / 30 / 2017 Transaction ID: SA11AI.39453 Amount of Each Receipt this Period 150.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	>	450.00
TOTAL This Period (last page this line number	er only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Soto, Hector, , Dr.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 101 South Greenbriar			01 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.37830
	McAllen	TX	78502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	self-employee	phys	ician	contribution
	Receipt For:	1.,	Year-to-Date ▼	
	Primary General	Aggregate	Teal-to-Date ¥	
	Other (specify) ▼		250.00	
В.	Full Name of Individual (Last, First, Middle Initial Soto, Hector, , Dr.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 101 South Greenbriar			M M / D D / Y Y Y Y
	Maining / Mainoso 101 South Greenbrian			02 21 2017
	City	State	Zip Code	Transaction ID : CA44 AL 20470
	McAllen	TX	78502	Transaction ID : SA11AI.38170 Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employee		pation (for Individual) sician	Memo Item contribution
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General	33 13		
	Other (specify) ▼		500.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Soto, Hector, , Dr.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 101 South Greenbriar			03 13 2017
	City	State	Zip Code	Transaction ID : SA11AI.38794
	McAllen	TX	78502	Amount of Each Receipt this Period
	EEO ID according to a satisfaction			7 thouse of East Floodipt this Follow
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	self-employee	physi	' '	contribution
	Receipt For:	1	Year-to-Date ▼	1
	Primary General	Aggregate	Teal-to-Date ¥	
	Other (specify)		750.00	
s	UBTOTAL of Receipts This Page (optional)		>	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr., Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr., Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State TX Zip Code 78502 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr., Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation (for Individual) physician Aggregate Year-to-Date 1500.00	Date of Receipt Mod 30 2017 Transaction ID: SA11AI.39455 Amount of Each Receipt this Period 250.00 Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
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				on for the purpose of soliciting contributions o solicit contributions from such committee.
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Swarup	e of Individual (Last, First, Middle Initial , Jyothi, , Dr.,) or Full Orga	nization Name	Date of Receipt
Mailing Ac	ddress 8109 N. 1st Street			03 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID : SA11AI.38802
McAllen		TX	78504	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		100.00
Name of I	Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
selfemploy	ved	physicia	an	contribution
Receipt F		Aggregate Yea	ar-to-Date ▼	
Othe	nary General er (specify) ▼		300.00	
	of Individual (Last, First, Middle Initial o, Jyothi, , Dr.,) or Full Orga	nization Name	Date of Receipt
- <u></u>	ddress 8109 N. 1st Street	04 14 2017		
City		State	Zip Code	Transaction ID : SA11AI.38803
McAllen		TX	78504	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		100.00
selfemploy		Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt Fo		Aggregate Yea	ar-to-Date ▼	
Othe	er (specify) ▼	4	400.00	
	of Individual (Last, First, Middle Initial p, Jyothi, , Dr.,) or Full Orga	nization Name	Date of Receipt
	ddress 8109 N. 1st Street			05 15 2017
City McAllen		State TX	Zip Code 78504	Transaction ID : SA11AI.39462 Amount of Each Receipt this Period
	umber of contributing litical committee.	С		100.00
Name of I	Employer (for Individual) yed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt F	or:	Aggregate Yea	ar-to-Date ▼	
Othe		4	500.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	06 30 2017
McAllen	TX	78504	Transaction ID : SA11AI.39463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle II Tey, Alejandro, , , Mailing Address 3012 Laurie Lane	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	01 03 2017 Transaction ID : SA11AI.37837
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer (for Individual) Self employed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In Tey, Alejandro, , ,	nitial) or Full Orga	inization Name	Date of Receipt
Mailing Address 3012 Laurie Lane			02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.38177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Self employed	Occupa physicia	ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea		
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	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Tey, Alejandro, , , Mailing Address 3012 Laurie Lane	e Initial) or Full Organization Name	Date of Receipt
Walling Address 5012 Laurie Larie		03 13 2017
City	State Zip Code	Transaction ID : SA11AI.38808
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle Tey, Alejandro, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3012 Laurie Lane		04 14 2017
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.38809
	76559	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle C. Tey, Alejandro, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3012 Laurie Lane		05 15 2017
City	State Zip Code TX 78539	Transaction ID : SA11AI.39468
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
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	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
A.	Full Name of Individual (Last, First, Middle Inition Tey, Alejandro, , , Mailing Address 3012 Laurie Lane City	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y 06 30 2017 Transaction ID : \$4114.30460
	Edinburg	TX	78539	Transaction ID : SA11AI.39469 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual)		ation (for Individual)	Memo Item
	Self employed Receipt For: Primary General Other (specify) ▼	Aggregate Ye		contribution
В.	Full Name of Individual (Last, First, Middle Initial Trejo, Jose, , , Mailing Address 112 S. Broadway	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	01 03 2017
	mcallen	TX	78501	Transaction ID : SA11AI.37840 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250,00	
С .	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 112 S. Broadway			02
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.38180 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer (for Individual) self-employed	I .	ation (for Individual) investor	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			750.00

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Full Name of Individual (Last, First, Middle Trejo, Jose, , , Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Integral of Individual) Trejo, Jose, , , Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 1000.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Trejo, Jose, , , Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation (for Individual) private investor Aggregate Year-to-Date 1250.00	Date of Receipt Mode
SUBTOTAL of Receipts This Page (optional).	>	750.00
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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Trejo, Jose, , , Mailing Address 112 S. Broadway	al) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.39475
	FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 250.00
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼		ation (for Individual) e investor ear-to-Date ▼ 1500.00	Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initia Turlapati, Krishna, , Dr., Mailing Address 9123 1st Street	al) or Full Orga	anization Name	Date of Receipt 03 13 2017
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.38816
	FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
-	Full Name of Individual (Last, First, Middle Initia Turlapati, Krishna, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 9123 1st Street			04
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.38817 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupa physici Aggregate Ye	ear-to-Date ▼	Memo Item contribution
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			450.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Turlapati, Krishna, , Dr., Mailing Address 9123 1st Street	nitial) or Full Organ	nization Name	Date of Receipt
011	Ta: .	7: 0 :	05 15 2017
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39476
	1/	10004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupation	on (for Individual)	Memo Item
selfemployed	physiciar		contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼	55 53.5 754.	500.00	
Full Name of Individual (Last, First, Middle Ir Turlapati, Krishna, , Dr.,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 9123 1st Street		7.0	06 30 2017
City		Zip Code	Transaction ID : SA11AI.39477
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) selfemployed	Occupati physicial	ion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle Ir Turley, Susan, , ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 312 Thunderbird			01 03 2017
City		Zip Code	Transaction ID : SA11AI.37843
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) self-employed	Occupation of the physician of the physi	ion (for Individual)	Memo Item contribution
Receipt For:	1		
Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			450.00
TOTAL This Period (last page this line number			

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Turley, Susan, , , Date of Receipt Mailing Address 312 Thunderbird 2017 City Zip Code State Transaction ID: SA11AI.38183 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Turley, Susan, , , Date of Receipt Mailing Address 312 Thunderbird 13 2017 City State Zip Code Transaction ID: SA11AI.38818 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Turley, Susan, , , Date of Receipt Mailing Address 312 Thunderbird 14 2017 City State Zip Code Transaction ID: SA11AI.38819 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Primary

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SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Other (specify) ▼	4	1500.00	
Full Name of Individual (Last, First, Middle In Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive	Date of Receipt O1 03 2017		
City	State	Zip Code	Transaction ID : SA11AI.37844
mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00	
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
selfemployed	physic	an	contribution
Receipt For: Primary General Other (specify)			
NIDTOTAL of Bossista This Boss (autisms)			750.00

Aggregate Year-to-Date ▼

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	Statements may not be sold or used by any per he name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive City mission	Initial) or Full Organization Name State Zip Code TX 78572	Date of Receipt M M					
FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	ame of Employer (for Individual) elfemployed leceipt For: Primary General Occupation (for Individual) physician Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 750.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38820 Amount of Each Receipt this Period 250.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , , Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 1000.00	Date of Receipt 04 14 2017 Transaction ID: SA11AI.38821 Amount of Each Receipt this Period 250.00 Memo Item contribution					
	>	750.00					
TOTAL This Period (last page this line number	er only)						

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Twahirwa, Marcel, , , Date of Receipt Mailing Address 2403 El Encino Drive 15 2017 City Zip Code State Transaction ID: SA11AI.39480 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Twahirwa, Marcel, , , Date of Receipt Mailing Address 2403 El Encino Drive 2017 City State Zip Code Transaction ID: SA11AI.39481 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Uribe, Lourdes, , , Date of Receipt Mailing Address 801 E. Nolana 15 2017 City State Zip Code Transaction ID: SA11AI.39482 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Uribe, Lourdes, , , Date of Receipt Mailing Address 801 E. Nolana 2017 City Zip Code State Transaction ID: SA11AI.39483 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive 13 2017 City State Zip Code Transaction ID: SA11AI.38824 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Valladares, Theresa, , Dr., Date of Receipt Mailing Address 2302 Red River Drive 14 2017 City State Zip Code Transaction ID: SA11AI.38825 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC						
Α.	Full Name of Individual (Last, First, Middle Initi Valladares, Theresa, , Dr.,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2302 Red River Drive		_	05 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.39484				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	100.00						
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	contribution						
	Receipt For: Primary General Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initi	Date of Receipt						
	Mailing Address 2302 Red River Drive	06 30 2017						
	City	State	Zip Code	Transaction ID : SA11AI.39485				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer (for Individual) selfemployed	Memo Item contribution						
	Receipt For:	Aggregate Y	∕ear-to-Date ▼					
	Primary General Other (specify) ▼		600.00					
<u>-</u>	Full Name of Individual (Last, First, Middle Initi Vasquez, Jose, , ,	al) or Full Org	ganization Name	Date of Receipt				
٠.	Mailing Address 2548 Palm Circle			01 03 2017				
	City	State	Zip Code	Transaction ID : SA11AI.37679				
	rio grande city	TX	78582	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual)		pation (for Individual)	Memo Item				
	selfemployed	physic	cian	contribution				
	Receipt For:							
	Primary General Other (specify)							
S	SUBTOTAL of Receipts This Page (optional)		·····	450.00				
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	Statements may not be sold or used by any per he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , , Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Date of Receipt O2 21 2017 Transaction ID : SA11Al.38187 Amount of Each Receipt this Period 250.00 Memo Item contribution					
Full Name of Individual (Last, First, Middle In Vasquez, Jose, , ,) Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78582 C Occupation (for Individual) physician Aggregate Year-to-Date 750.00	Date of Receipt 03 13 2017 Transaction ID: SA11AI.38826 Amount of Each Receipt this Period 250.00 Memo Item contribution				
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , , Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M 04				
SUBTOTAL of Receipts This Page (optional)	>	750.00				
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initi-Vasquez, Jose, , , Mailing Address 2548 Palm Circle City	al) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	rio grande city	TX	78582	Transaction ID : SA11AI.39486 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) selfemployed Receipt For:	Occup physic Aggregate Ye		Memo Item contribution								
	Primary General Other (specify) ▼											
В.	Full Name of Individual (Last, First, Middle Initi-Vasquez, Jose, , , Mailing Address 2548 Palm Circle	al) or Full Org	anization Name	Date of Receipt 06 30 2017								
	City	State	Zip Code	Transaction ID : SA11AI.39487								
	rio grande city FEC ID number of contributing federal political committee.	ID number of contributing										
	Name of Employer (for Individual) selfemployed											
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1500.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,	al) or Full Org	anization Name	Date of Receipt								
	Mailing Address 100 E. Ridge Road #B			01 03 7 2017								
	McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.37850 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) selfemployed Receipt For:	Occup	ation (for Individual) ian	Memo Item contribution								
	Primary General Other (specify)											
s	UBTOTAL of Receipts This Page (optional)		•	750.00								
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Vela, Efraim, , Dr., Date of Receipt Mailing Address 100 E. Ridge Road #B 2017 City Zip Code State Transaction ID: SA11AI.38190 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vela, Efraim, , Dr., Date of Receipt Mailing Address 100 E. Ridge Road #B 13 2017 City State Zip Code Transaction ID: SA11AI.38832 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Vela, Efraim, , Dr., Date of Receipt Mailing Address 100 E. Ridge Road #B 14 2017 City State Zip Code Transaction ID: SA11AI.38833 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any penhe name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt M				
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution					
Full Name of Individual (Last, First, Middle I Verdoreen, Ramiro, , , Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee.	Mailing Address 301 E. Newport City State Zip Code TX 78501 FEC ID number of contributing					
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle I Verdoreen, Ramiro, , , Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	nitial) or Full Organization Name State Zip Code 78501 C Occupation (for Individual) physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / 2017 Transaction ID: SA11Al.38838 Amount of Each Receipt this Period 200.00 Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	>	650.00				
TOTAL This Period (last page this line numbe	er only)					

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 14 2017 City Zip Code State Transaction ID: SA11AI.38839 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 05 15 2017 City State Zip Code Transaction ID: SA11AI.39498 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 30 2017 City State Zip Code Transaction ID: SA11AI.39499 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and Statements may not be sold or used by any peg the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC							
Full Name of Individual (Last, First, Middl Villalta, Carlos, , ,	Date of Receipt							
Mailing Address P. O. Box 1632	02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City								
mission	TX 78573	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	250.00							
Full Name of Individual (Last, First, Middl Villalta, Carlos, , ,	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address P. O. Box 1632		03 13 2017						
City	State Zip Code	Transaction ID : SA11AI.38842						
mission	TX 78573	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	125.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	375.00							
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt						
Mailing Address P. O. Box 1632		04 14 2017						
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.38843 Amount of Each Receipt this Period						
FEC ID number of contributing								
federal political committee.	[C]	125.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼	7						
Primary General Other (specify)	500.00							
SUBTOTAL of Receipts This Page (optional	al)	375.00						
TOTAL This Period (last page this line num	nber only)							

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Villalta, Carlos, , , Mailing Address P. O. Box 1632 City	Date of Receipt M M	
mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78573 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 625.00	Amount of Each Receipt this Period 125.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Villalta, Carlos, , , Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation (for Individual) physician Aggregate Year-to-Date 750.00	Date of Receipt 06 30 2017 Transaction ID: SA11Al.39503 Amount of Each Receipt this Period 125.00 Memo Item contribution
Full Name of Individual (Last, First, Middle I Villanueva, Rita, , , Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addi	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name of Individual (Last, First, Middle I Villanueva, Rita, , , Mailing Address 801 E. Nolana	Date of Receipt								
Suite 4	101.	7: 0 !	06 30 2017						
City	State	Zip Code	Transaction ID : SA11AI.39505						
mcallen	1^	78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
selfemployed	physici	an	contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle II Villarreal, Victor, , , Mailing Address 204 W. Masses	nitial) or Full Orga	anization Name	Date of Receipt						
Mailing Address 901 W. Moore	Ctata	7in Codo	03 13 2017						
City	State	Zip Code 78577	Transaction ID : SA11AI.38848						
pharr	17	10011	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		90.00						
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 270.00							
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt						
Mailing Address 901 W. Moore			04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State TX	Zip Code	Transaction ID : SA11AI.38849						
pharr	1.4	78577	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		90.00						
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
selfemployed	contribution								
Receipt For:									
Primary General Other (specify)		360.00							
SUBTOTAL of Receipts This Page (optional)		•	230.00						
TOTAL This Period (last page this line numbe	r only)								

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	the name and address of any political committee							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC							
Full Name of Individual (Last, First, Middle Villarreal, Victor, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 901 W. Moore	Mailing Address 901 W. Moore							
City	Transaction ID : SA11AI.39508							
pharr	TX 78577	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	90.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
selfemployed	physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	45000							
Other (specify) ▼	450.00							
Full Name of Individual (Last, First, Middle Villarreal, Victor, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 901 W. Moore		06 30 2017						
City	State Zip Code	Transaction ID : SA11AI.39509						
pharr	TX 78577	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	90.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00							
Full Name of Individual (Last, First, Middle Viswamitra, Saroja, , ,	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 101 Condor		01 03 2017						
City	State Zip Code	Transaction ID : SA11AI.37859						
mcallen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	Aggregate Year-to-Date ▼	_						
Primary General	riggregate real to bate +							
Other (specify)	400.00							
SUBTOTAL of Receipts This Page (optional)	580.00						
TOTAL This Period (last page this line num	ber only)							

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Viswamitra, Saroja, , ,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 101 Condor		02	
	City	State	Zip Code	Transaction ID : SA11AI.38199
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physi	,	contribution
	Receipt For: Primary General	1	⁄ear-to-Date ▼	
	Other (specify) ▼		800.00	
В.	Full Name of Individual (Last, First, Middle Initi Viswamitra, Saroja, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 101 Condor			03 13 2017
	City	State	Zip Code	Transaction ID : SA11AI.38850
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occu	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	
	Full Name of Individual (Last, First, Middle Initi Viswamitra, Saroja, , ,	al) or Full Orç	ganization Name	Date of Receipt
٠.	Mailing Address 101 Condor			04 14 2017
	City	State	Zip Code	Transaction ID : SA11AI.38851
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	selfemployed Receipt For:	physic		
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify)		1600.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Viswamitra, Saroja, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 101 Condor		05 15 2017
City	State Zip Code	Transaction ID : SA11AI.39510
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individu physician	al) Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2000.00
Full Name of Individual (Last, First, Middle Viswamitra, Saroja, , ,	Date of Receipt	
Mailing Address 101 Condor		06 30 2017
City	State Zip Code 78504	Transaction ID : SA11AI.39511
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individu physician	al) Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2400.00
Full Name of Individual (Last, First, Middle Vitko, Roger, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1017 south 1st		01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code 78502	Transaction ID : SA11AI.37860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individu physician	al) Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	400.00
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle I Vitko, Roger, , , Mailing Address 1017 south 1st	Initial) or Full Orga	nization Name	Date of Receipt
011	T a.	T	02 21 2017
City	State	Zip Code 78502	Transaction ID : SA11AI.38200
mcallen		10002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employed	physicia	an	contribution
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼		800.00	
Full Name of Individual (Last, First, Middle I Vitko, Roger, , ,	Date of Receipt		
Mailing Address 1017 south 1st			03 13 2017
City	State	Zip Code	Transaction ID : SA11AI.38852
mcallen	TX	78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		1200.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	inization Name	Date of Receipt
Mailing Address 1017 south 1st			04 14 2017
City	State	Zip Code	Transaction ID : SA11AI.38854
mcallen	TX	78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
self-employed Receipt For:	physicia		contribution
Heceipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)	4	1600.00	
SUBTOTAL of Receipts This Page (optional)		·····	1200.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Vitko, Roger, , , Mailing Address 1017 south 1st	al) or Full Org	anization Name	Date of Receipt 05 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.39512				
	FEC ID number of contributing federal political committee.	С	78502	Amount of Each Receipt this Period 400.00				
	Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Memo Item contribution						
В.	Full Name of Individual (Last, First, Middle Initial Vitko, Roger, , , Mailing Address 1017 south 1st	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	Transaction ID : SA11AI.39513						
	mcallen FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual)	Memo Item contribution				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00					
С .	Full Name of Individual (Last, First, Middle Initial Walker, Raymond, , ,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 1117 Shallow apt 4	01-1-	7. 0.4	01 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.37861 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) self-employed Receipt For:	private	ation (for Individual)	Memo Item contribution				
	Primary General Other (specify)	nary General Aggregate real-to-Date V						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			1050.00				

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 2017 apt 4 City State Zip Code Transaction ID: SA11AI.38201 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 13 2017 apt 4 City State Zip Code Transaction ID: SA11AI.38855 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 14 2017 apt 4 City State Zip Code Transaction ID: SA11AI.38856 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Walker, Raymond, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1117 Shallow apt 4		05 15 2017				
City	State Zip Code	Transaction ID : SA11AI.39514				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	private investor	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Other (specify)	120.00					
Full Name of Individual (Last, First, Middle Walker, Raymond, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1117 Shallow		M = M / D = D / Y = Y = Y				
apt 4 City	State Zip Code	06 30 2017				
mcallen	TX 78504	Transaction ID : SA11AI.39515				
	7004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name of Individual (Last, First, Middle C. Webb, James, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 312 Redbud		04 14 2017				
City	State Zip Code	Transaction ID : SA11AI.38858				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	62.50				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optiona	ıl) >	562.50				
TOTAL This Period (last page this line num	nber only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC				
Full Name of Individual (Last, First, Middle Ini Webb, James, , , Mailing Address 312 Redbud	tial) or Full Organization Name	Date of Receipt			
City mcallen	State Zip Code TX 78504	05 15 2017 Transaction ID : SA11AI.39516 Amount of Each Resolut this Period			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 62.50 Memo Item contribution			
Name of Employer (for Individual) self-employed Receipt For: Primary General	Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 312.50				
Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini 3. Webb, James, , ,	Date of Receipt				
Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation (for Individual) private investor Aggregate Year-to-Date ▼ 375.00	Transaction ID : SA11AI.39517 Amount of Each Receipt this Period 62.50 Memo Item contribution			
Full Name of Individual (Last, First, Middle Ini Wilcox, Patrick, , , Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation (for Individual) physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D J J / 2017 Transaction ID : SA11AI.38859 Amount of Each Receipt this Period 100.00 Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)		225.00			
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Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Wilcox, Patrick, , , Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Initial) or Full Organization Name State Zip Code TX 78572 C Occupation (for Individual)	Date of Receipt M M M / 14 2017 Transaction ID : SA11AI.38860 Amount of Each Receipt this Period 100.00 Memo Item
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name of Individual (Last, First, Middle I Wilcox, Patrick, , , Mailing Address 111 Rio Grande City mission	Date of Receipt 05 15 2017 Transaction ID : SA11AI.39518 Amount of Each Receipt this Period	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wilson, Teresa, , Ms, Date of Receipt Mailing Address 1520 Xanthisma 15 2017 City Zip Code State Transaction ID: SA11AI.39522 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilson, Teresa, , Ms, Date of Receipt Mailing Address 1520 Xanthisma 06 2017 City State Zip Code Transaction ID: SA11AI.39523 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Yarra, Subbarrao, , , Date of Receipt Mailing Address 6905 13 2017 N. Cynthia City State Zip Code Transaction ID: SA11AI.38871 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.38872
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Self-employed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Contribution
Full Name of Individual (Last, First, Middle Yarra, Subbarrao, , , Mailing Address 6905	Initial) or Full Organization Name	Date of Receipt
N. Cynthia City	State Zip Code	05 15 2017
McAllen	TX 78504	Transaction ID : SA11AI.39530 Amount of Each Receipt this Period
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City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.39535
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Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Contribution
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McAllen Purpose of Disbursement	17	78502		=	С			-	_	
contract services - salary expenditure			001	Ш		nsaction	ID . CD	24B 20	EE1	
Candidate Name			Category	/					this Perio	d
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Office Sought: House Disburs Senate	ement For: Primary	General				-			407.97	
President	Other (sp				П.,					
State: District:		• ,			Me	mo Item				
Full Name (Last, First, Middle Initial)										
C. Jasso, Prisylla, , Ms,					Date o	f Disburs	ement			
Mailing Address 213 Quail Court				\dashv	06		13		17 Y	
City	State	Zip Code			FEC Id	entification	n Numb	er		
McAllen Purpose of Disbursement	TX	78502		\dashv				-		
contract services - salary expenditure			001	Ш	C	ansactio	ın . en	21B 20)551	
Candidate Name			Category	/					this Peric	d
			Type					1	407.05	П
Office Sought: House Disburs Senate	ement For:	Ganaral				-		1	407.95	_
President	Other (sp	General								
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TOTAL This Period (last page this line number only	V)						_			

ER: PAGE 350 OF 3
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he purpose of soliciting contributions contributions from such committee.
OCHARICATION COMMITTEE
e of Disbursement
27 2017
Identification Number
Transaction ID : SB21B.39553
ount of Each Disbursement this Period
Memo Item
e of Disbursement
26 2017
Identification Number
Transaction ID: SB21B.39591 ount of Each Disbursement this Period
16.24
Memo Item
e of Disbursement
06 12 2017
Identification Number
Transaction ID: SB21B.39592 ount of Each Disbursement this Period
29.23 Memo Item
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SCHEDULE B (FEC Form 3X)			FOR LIN	OR LINE NUMBER: PAGE 3					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check or	,					
		Summary Page	28		23 28c	26 27 29 30b			
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Any information copied from such Reports and State or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
$ \hspace{.05cm} angle$ BORDER HEALTH FEDERAL P	AC								
Full Name (Last, First, Middle Initial)									
A. Long Chilton LLP				Date of	Disburse	ment			
Mailing Address 4100 N. 23rd				06	26				
City	State TX	Zip Code		FEC Ide	entification	n Number			
McAllen Purpose of Disbursement	1/	78504							
paysmart payroll services			001						
Candidate Name			Category/	-		ID: SB21B.39593 Disbursement this Period			
			Type	Amount	or Euon	Diobardonioni tino i driod			
	sement For:			7 L	7	16.24			
Senate President	Other (sp	General							
State: District:	Other (sp	ecity) ¥		Mer	no Item				
Full Name (Last, First, Middle Initial)									
B. Perkins Coie				Date of	Disburse	ment			
Mallian Address				M = M	/ D				
Mailing Address 607 Fourteenth Street N.W.				02	10	0 2017			
City	State	Zip Code		FEC Ide	entification	n Number			
Washington Purpose of Disbursement	DC	20005							
legal fees			001	C		ID. 00040			
Candidate Name			Category/			ID: SB21B.39613 Disbursement this Period			
			Туре						
	sement For:	Canaval			7	1234.00			
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State: District:	(,		Mer Mer	no Item				
Full Name (Last, First, Middle Initial)									
C. Perkins Coie				Date of	Disburse				
Mailing Address 607 Fourteenth Street N.W.				05	16				
City	State DC	Zip Code 20005		FEC Ide	entification	n Number			
Washington Purpose of Disbursement	DC	20005		С					
legal fees			001		nsaction	ID : SB21B.39612			
Candidate Name			Category/			Disbursement this Period			
Office Sought: House Disbut	sement For:		Туре			945.00			
Senate Disbut	Primary	General			7	040.00			
President	Other (sp			Mar	no Item				
State: District:				L ivier	no itelli				
						2195.24			
SUBTOTAL of Disbursements This Page (optional	ıl)		·····•		-7-1	2195.24			
TOTAL This Period (last page this line number o	nlv)								

SCHEDU	JLE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 352 OF 358
	D DISBURSEMENTS		arate schedule(s)	(check only	THO MIDELLE.
	2 DIODONOLIMENTO	for each	category of the Summary Page	` 🗶 21b	22 23 26 27
		Dotalled		28a	28b 28c 29 30b
					on for the purpose of soliciting contributions o solicit contributions from such committee.
	F COMMITTEE (In Full)		,,,,,		
I \	DER HEALTH FEDERAL PA	C			
	e (Last, First, Middle Initial)				
A. Water	· Tower Village				Date of Disbursement
Mailing A	ddress 52211 N. McColl Road				01 24 2017
City McAllen		State TX	Zip Code 78504		FEC Identification Number
	of Disbursement ase expenditure			001	C
Candidate					Transaction ID : SB21B.39567
Gariaidat	o Namo			Category/ Type	Amount of Each Disbursement this Period
Office Sc	ought: House Disburse	ement For:	I	71	1331.25
	Senate	Primary	General		
State:	President District:	Other (spe	ecity) 🔻		Memo Item
Full Nam	e (Last, First, Middle Initial)				
B.					Date of Disbursement
					M M / D D / Y Y Y Y
Mailing A	address				
City		State	Zip Code		FEC Identification Number
Purpose	of Disbursement				C
Candidate	e Name			Category/	Amount of Each Disbursement this Period
Office So	ought: House Disburse	ement For:		Туре	
	Senate	Primary	General		4 4
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Mailing A	ddress				
City		State	Zip Code		FEC Identification Number
Purpose	of Disbursement				C
Candidate	e Name			Category/	Amount of Each Disbursement this Period
Office Sc	ought: House Disburse	ement For:		Туре	
	Senate	Primary	General		7 7
6	President	Other (spe	ecify) ▼		Memo Item
State:	District:				_
SURTOTAL	L of Disbursements This Page (optional).				1331.25
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TOTAL THE	s Period (last nage this line number only	<i>(</i>)			48529.84

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SCHEDULE B (FEC F	orm 3X)			FOF	R LINE	NUMBER	:	F	PAGE 3	353 OF	358
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			Summary Page		21b 28a	22 28b	X 23 28c	26		27 30b	
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or for commercial purposes, other											
NAME OF COMMITTEE (In Full	•										
$ \hspace{.05cm} angle$ border health fi	EDERAL PA	С									
Full Name (Last, First, Middle Ir	nitial)										
A. CORNYN MAJORITY	,	E				Date o	f Disburs	ement			
Mailing Address 220 C M/ACHIN	ICTON STREET					04		20	20	17	1
Mailing Address 228 S. WASHIN SUITE 115	NGTON STREET					04		.0	_20	17	
City		State	Zip Code			FEC Id	dentificatio	n Numb	er		
ALEXANDRIA Purpose of Disbursement		VA	22314					-	-		
contribution				01	1	С	S2TX001		22 2004	00	
Candidate Name				Categ			ansactior It of Each	_			riod
Cornyn, John, , , Office Sought: House	Diahuraa	ment For: ;	2047	Тур	oe		• • •		200	00.00	
Senate	Disburse	ment For: ; Primary	2017 General				7		200	30.00	_
Presiden	nt	Other (spe				Me	emo Item				
State: TX District:						L					
Full Name (Last, First, Middle Ir B. GONZALEZ VICENT	,					Date o	f Disburs	ament			
B. GONZALEZ, VICENT	E IVIK., , ,					M M		D /	Y	YYY	
Mailing Address P.O. BOX 7206	603					03		22	20		
City	T	State	Zip Code								
MCALLEN		TX	78504			FEC Id	lentificatio	n Numb	er		
Purpose of Disbursement contribution	·			0.1	1	С	H6TX151	62			
Candidate Name				01			ansaction				
GONZALEZ, VICENT	E MR., , ,			Categ Typ		Amoun	it of Each	Disburs	sement	tnis Pei	riod
Office Sought: House		ment For:							50	00.00	
Senate Presiden	x x	Primary Other (spe	General								
State: TX District: 15		onici (spe	ony)			Me	emo Item				
Full Name (Last, First, Middle In	,										
C. GONZALEZ, VICENT	E MR., , ,					Date o	f Disburs	ement			
Mailing Address P.O. BOX 7206	503					03		22	20	17	1
											4
City MCALLEN		State TX	Zip Code 78504			FEC Io	dentificatio	n Numb	er		
Purpose of Disbursement		170	7,0004	-	-	С	H6TX15	162			
contribution				01	1	_	ansaction	ID : SE	23.396 ²	11	
Candidate Name GONZALEZ, VICENT	F MR			Categ		Amoun	t of Each	Disburs	sement	this Per	riod
Office Sought: House		ment For:	2018	тур	,,,				50	00.00	
Senate		Primary	✗ General				-				
State: TX District: 15		Other (spe	cify) \blacktriangledown			Me	emo Item				
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SUBTOTAL of Disbursements This	s Page (optional).				▶				30	00.00	
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TOTAL This Period (last page this	o mie number only	J				100	4 4 1				

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Form/Schedule: SB23

Transaction ID : SB23.39610

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.39611

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

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SCHEDULE B (FEC Form 3X)	Llee congrete cohodule/s\	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only of 21b 28a	one) 22
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC			
Full Name (Last, First, Middle Initial) A. LEAD ENCOURAGE ELECT PAC	- LEE PAC		Date of Disbursement
Mailing Address 10 WEST BROADWAY, STE 500			05 09 2017
,	State Zip Code UT 84101	011	FEC Identification Number C C00494302
Candidate Name LEAD ENCOURAGE ELECT PAC -	- LEE PAC	Category/ Type	Transaction ID: SB23.39618 Amount of Each Disbursement this Period
Senate	nent For: 2017 Primary General Other (specify)		5000.00 Memo Item
Full Name (Last, First, Middle Initial) B. LEE, MIKE, , , Mailing Address 917 QUAIL HOLLOW CIRCLE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code UT 84004		FEC Identification Number
Purpose of Disbursement contribution Candidate Name		011	C S0UT00165 Transaction ID : SB23.39621
LEE, MIKE, , , Office Sought: House Disbursem	nent For: 2018	Category/ Type	Amount of Each Disbursement this Period 5000.00
	Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. LEE, MIKE, , ,			Date of Disbursement
Mailing Address 917 QUAIL HOLLOW CIRCLE			05 04 2017
	State Zip Code UT 84004		FEC Identification Number C S0UT00165
Candidate Name LEE, MIKE, , ,		011 Category/ Type	Transaction ID: SB23.39622 Amount of Each Disbursement this Period
x Senate	nent For: 2018 Primary General Other (specify)		5000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			15000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	•	
HEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 🗶 23 26 27	
	Detailed Guillinary Fage	28a	28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC				
Full Name (Last, First, Middle Initial) A. TIM SCOTT FOR SENATE			Date of Disbursement	
" TIM SCOTT FOR SENATE			M M / D D / Y Y Y Y	
Mailing Address 1405 ASHLEY RIVER RD			04 25 2017	
City S CHARLESTON	State Zip Code SC 29407		FEC Identification Number	
Purpose of Disbursement	25407		C C00540302	
contribution		011	Transaction ID : SB23.39628	
Candidate Name		Category/	Amount of Each Disbursement this Period	
TIM SCOTT FOR SENATE		Туре	5000.00	
	Office Sought: House Disbursement For: 2022 Senate Primary General			
President	Other (specify) ▼		Memo Item	
State: SC District: 00				
Full Name (Last, First, Middle Initial) B. TIM SCOTT FOR SENATE			Date of Disbursement	
Mailing Address 1405 ASHLEY RIVER RD			04 25 2017	
,	State Zip Code SC 29407		FEC Identification Number	
Purpose of Disbursement	20401		C C00540302	
contribution 011			Transaction ID : SB23.39629	
Candidate Name Category/			Amount of Each Disbursement this Period	
TIM SCOTT FOR SENATE Office Sought: House Disbursement For: 2022			5000.00	
	Primary General		300.00	
•				
State: SC District: 00			Memo Item	
Full Name (Last, First, Middle Initial)				
C. TOMORROW IS MEANINGFUL PA	Date of Disbursement			
Mailing Address 1409 ASHLEY RIVER RD			05 18 2017	
City	State Zip Code		FEC Identification Number	
CHARLESTON	SC 29407			
Purpose of Disbursement contribution		011	C C00495887 Transaction ID : SB23.39617	
Candidate Name	10	Category/	Amount of Each Disbursement this Period	
TOMORROW IS MEANINGFUL PA	nent For: 2017	Туре	5000.00	
	Primary General		3000.00	
	Other (specify) ▼		Mama Itam	
State: District:			Memo Item	
SUBTOTAL of Disbursements This Page (optional)			15000.00	
TOTAL This Period (last page this line number only).			60000.00	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 357 OF 358 FOR LINE NUMBER: (check only one)

9 **X** 10

NAME OF COMMITTEE (In Full) BORDER HEALTH FÉDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):

AC Rentals			rental space	
Mailing Address PO Box 2673				
City	State	Zip Code		
McAllen	TX	78502		
Outstanding Balance Beginning This Period			Transaction ID : SD10.9553	
900.00				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	900.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose): rental space	
AC Rentals			Terrial Space	
Mailing Address PO Box 2673				
City	State	Zip Code		
McAllen	TX	78502		
Outstanding Balance Beginning This Period			Transaction ID: SD10.10053	
900.00				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
0.00	7	0.00	900.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period	
7 7 7	7	7 7		
SUBTOTALS This Period This Page (optional)		>	1800.00	
TOTALS This Period (last page this line number only)			1800.00	
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00	
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

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Form/Schedule: SD10 Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10 Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.